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Ten minims of the Tonic contain the equivalents (according to the formulae of the U. S. P. and Dispensatory) of:

Tinct. Nux Strychnos	1 minim.	Tinct. Gentian	1/2 minim.
" Ignatia Amara	1 "	" Columbo	1/2 "
" Cinchona	4 "	Phosphorus, C. P.	1-300 gr.
" Matricaria	1 "	Aromatics	2 minims.

Dose.—Five to ten drops in two tablespoonfuls of water.

INDICATIONS.

PARALYSIS, NEURASTHENIA, SICK AND NERVOUS HEADACHE, DYSPEPSIA, EPILEPSY, LOCOMOTOR ATAXIA, INSOMNIA, DEBILITY OF OLD AGE, AND IN THE TREATMENT OF MENTAL AND NERVOUS DISEASES.

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The reason for the use of single Salts is because of antagonistic action of the different bases, injurious and pathological action of Iron, Potassa, Manganese, etc., in this disease.

These facts have been demonstrated by thirty years' clinical experience in the treatment of this disease exclusively, by Dr. Churchill, who was the first to apply these remedies in medical practice.

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Seven grains during twenty-four hours being the maximum dose in cases of Phthisis, because of increased susceptibility of the patient to their action, the danger of producing toxic symptoms (as hemorrhage, rapid softening of tubercular deposits, etc.), and the necessity that time be allowed the various functions to recuperate, simultaneously, the over-stimulation of one, by pushing the remedy, resulting in crisis and disaster.

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LAMBERT'S LITHIATED HYDRANGEA.

FORMULA.—Each fluid drachm of "Lithiated Hydrangea" represents thirty grains of FRESH HYDRANGEA and three grains of chemically pure Benzo-Salicilate of Lithia. Prepared by our improved process of osmosis, it is invariably of definite and uniform therapeutic strength, and hence can be depended upon in clinical practice.

DOSE.—One or two teaspoonfuls four times a day (preferably between meals).

THE solution and elimination of an excess of uric acid and urates is, according to many authorities, best attained by intelligent combination of certain forms of Lithia and a Kidney Alterative.

The ascertained value of Hydrangea in Calculous Complaints and Abnormal Conditions of the Kidneys, through the earlier reports of Drs. Atlee, Horsley, Monkur, Butler and others, and the well-known utility of Lithia in the diseases of the Uric Acid Diathesis, at once justified the therapeutic claims for Lambert's Lithiated Hydrangea when first announced to the Medical Profession, whilst subsequent use and close clinical observation have caused it to be regarded by Physicians generally as the best and most soothing Kidney Alterative and Anti-Lithic agent yet known in the treatment of

Urinary Calculus, Diabetes, Gout, Cystitis, Rheumatism, Hæmaturia, Bright's Disease, Albuminuria and Vesical Irritations generally.

BRIGHT'S DISEASE.

DIETETIC NOTE.—A rigid milk diet has given good results in many cases.

Allowed.—Fish, sweet breads, sago-tapioca, macaroni, baked and stewed apples, prunes, etc.; spinach, celery, lettuce, etc., may be used in moderation in connection with a milk diet, without impairing its effect, and with great comfort and enjoyment to the patient.

Avoid.—Strong coffee and tea, alcoholic stimulants, soups and mad. dishes.

We have had prepared for the convenience of Physicians Dietetic Notes, suggesting the articles of food to be allowed or prohibited in several of these diseases.

These Dietetic Notes have been bound in the form of small perforated slips for Physicians to distribute to their patients. Mailed gratis upon request, together with our latest compilation of case reports and clinical observations, bearing upon the treatment of this class of diseases.

LAMBERT PHARMACAL COMPANY,

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Please mention The Times and Register.

GOUT.

DIETETIC NOTE.—A mixed diet should be adopted, the nitrogenous and saccharine articles being used in limited amounts.

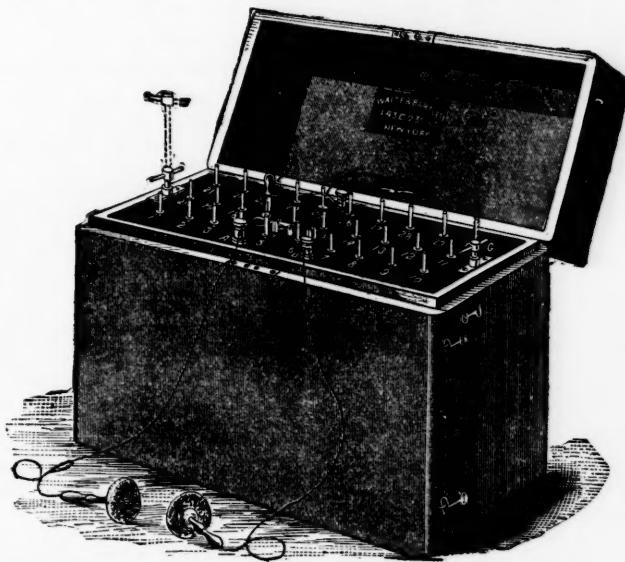
Allowed.—Cooked fruits without much sugar, tea and coffee in moderation. Alcoholic stimulants, if used at all, should be in the form of light wines or spirits well diluted. The free ingestion of pure water is important.

Avoid.—Pastry, malt liquors, and sweet wines, are veritable poisons to these patients.

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WANTED.—A graduate of this Spring, with good recommendation, desires a situation as assistant to a physician in active practice. Has a good literary education, having spent twelve years teaching in graded and high schools. Address, M. D., Box 38, Newville, Pa.

THE EVIL THAT HAS BEEN SAID OF DOCTORS.—Life of Paracelsus. Jean Osornus, 1530 A.D., the private Secretary, gives a rather unsavory account of this distinguished man:

During the two years I lived with Paracelsus, he was given to much drunkenness and crapulation, so that he could not be seen sober more than two hours a day; this was after his departure from Basle to Alsace; yet this did not prevent his being admired by all the world as another Aesculapius. Meantime, no matter how drunk he might be, he never retired to rest without dictating to me his philosophies. During all the period I lived with him, I never saw him undressed for his bed; he was always so much under the influence of wine, and came in tired so late, that he merely threw himself on his couch, holding at his side a large sabre, presented to him by the public executioner. During his restless sleep he would rise in the midst of the night and whirl his sword around, striking strong blows on the floor and

against the walls, so that I often feared lest he might accidentally cut my head off.

Jean Second (Everaerts) (1511-1536 A.D.).

PIGRAM.

Es simul medicus et chirurgus,
Cur? Mittis stygium viros ad orcum
Et manu simul, simul et venomo.

IMITATION.

Thou art physician at the same time surgeon.
Why? To cut the throats of men as well as to poison them.—Cincinnati *Lancet-Clinic*.

A BOOK ON POULTRY containing one hundred pages, a beautiful lithographic plate of a group of different fowls in natural colors, engravings of all kinds of land and water poultry, descriptions of the breeds, plans for poultry houses, how to manage an incubator, all about caponizing, and the value of the different breeds and where to buy eggs from the best stock at \$1.50 per 13, will be mailed to any of our readers for 15 cts. by addressing the Associated Fanciers, 237 South Eighth Street, Philadelphia, Pa.

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Mrs. Murray Hill (indignantly): "Purify my blood, sir? Are you not aware that I am one of the Four Hundred?"—*Town Topics*.

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MADE AFTER PATTERNS FURNISHED BY PROF. S. W. GROSS.

These tubes have large holes, one-half inch apart, arranged alternately on opposite sides.

They are carefully finished, especial care being taken to make them smooth.

In addition to the drainage holes, each tube has at one end, two smaller holes for the insertion of Safety Pin, through which it is prevented slipping into the wound.

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No. 1, Length 63 mm., Diameter 7 mm., 4 Holes	-	-	-	\$1 25 per dozen.
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No. 7, " 126 "	10 "	9 "	-	2 10 "

RAW CAT-GUT.

Prof. Gross stated at one of his Surgical Clinics in the Jefferson Medical College Hospital, that he had just concluded a series of experiments with cat-guts obtained from different sources; and that the article which I now offer for sale, he considered superior to all others. I put this up in coils of 10 feet, four different sizes, Nos. 1, 2, 3, 4 (four is thickest). Nos. 2 and 3 are the most useful sizes.

No 1 coil 10 cents. No. 2 coil 12 cents; No. 3 coil 14 cents; No 4 coil 16 cents.

Full descriptions with each coil for making it absolutely aseptic.

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FOR NERVOUS PROSTRATION, BRAIN EXHAUSTION,
NEURASTHENIA AND ALL FORMS OF MENTAL
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This WINE OF COCA is so prepared that it contains the active principle of the leaves in a perfectly pure form. Moreover, it is absolutely free from all those foreign substances which all other wines of coca contain, and which interfere, to a great extent, with its curative influence. It is well known that the cocaine contained in the coca leaves varies considerably in its proportion; hence giving to the wines, as ordinarily made, uncertain strength, and causing them to be unreliable in their action on the system. In the RESTORATIVE WINE OF COCA the proportion of alkaloid is invariable and the physician can, therefore, prescribe it with the certainty of obtaining uniform results.

Prof. M. Semmola, M.D., of Italy, says: Having tested and made repeated examinations of the RESTORATIVE WINE OF COCA, I hereby testify that this preparation is most excellent as a restorative in all cases of general debility of the nervous system, especially in disorders arising from excessive intellectual strain or other causes producing mental weakness. I also consider this wine invaluable for the purpose of renewing lost vitality in constitutions enfeebled by prolonged illness, particularly in cases of convalescence from malignant fevers.

Prof. Wm. A. Hammond, M.D., in the course of some interesting remarks before the New York Neurological Society, on Tuesday evening, November 2, called attention to the impurities existing in most of the preparations of wine of coca, which vitiated their value, and he then said:

"Most of the wines of coca contain tannin and extractives, which render the taste of the article astringent, most disagreeable, and even nauseating, especially in cases where the stomach is weak. The difficulty arises from the fact that these wines of coca are made from the leaves, or even from the leavings after the coca has been extracted. The active alkaloid, which is the essential element, is therefore wholly lacking in some of these preparations, and this renders them practically worthless.

"I therefore asked a well-known gentleman of this city if he could not prepare a wine of coca which should consist of a good wine and the pure alkaloid. He has succeeded in making such a preparation. It seems almost impossible that there could be any such a substance, for its effects are remarkable.

"A wineglassful of this tonic, taken when one is exhausted and worn out, acts as a most excellent restorative; it gives a feeling of rest and relief, and there is no reaction and no subsequent depression. A general feeling of pleasantness is the result. I have discarded other wines of coca and use this alone. *It is the Health Restorative Co.'s preparation.* (Italics ours.)

"I have found it particularly valuable in cases of dyspepsia and weak stomach. The cocaine appears to have the power to reduce the irritation of the stomach and make it receptive of food. In extreme cases, where

the stomach refuses to take anything, a teaspoonful of the wine may be tried first; the stomach will probably reject it. Another teaspoonful may be given, say fifteen minutes later, and this will possibly share the same fate; but by this time the cocaine in the wine will have so reduced the irritation of the stomach that the third teaspoonful will be retained, or at least the fourth or fifth, and the stomach thus conquered will be in a condition to retain food, which should be given without the wine.

"This wine of coca may be taken by the wineglassful, the same as an ordinary wine; there is no disagreeable taste; in fact, it tastes like a good Burgundy or Port wine. Taken three times a day before meals or whenever needed, it has a remarkably tonic effect, and there is no reaction. The article produces excellent results in cases of depression of spirits: in hysteria, headache, and in nervous troubles generally it works admirably. It is a simple remedy, yet efficacious and remarkable in its results."

FEBRICIDE.

Under the name of FEBRICIDE we offer to the Medical Profession, in the form of pills, a complete Antipyretic, a Restorative of the highest order, and an Anodine of great Curative Power.

R.—Each pill contains the one-sixth of a grain of the Hydrochlorate of Cocaine, two grains of the Sulphate of Quinine, and two grains of Acetanilide.

In the dose of one or two pills, three times a day, "Febricide" will be found to be possessed of great curative power in Malarial Affections of any kind, and in all inflammatory diseases of which Fever is an accompaniment. For Neuralgia, Muscular Pains, and Sick Headache, it appears to be almost a specific. Reports received from Physicians of eminence warrant us in recommending "Febricide" in the highest terms to the Medical Faculty.

N. B.—The pills being made without excipient, and with only coating sufficient to cover the taste, their solubility is almost instantaneous, and consequently of great advantage where prompt medication is required.

Dr. R. C. McCurdy, of Livermore, Pa.: Have used FEBRICIDE in two cases with grand results. In one case of sick headache it acted immediately.

Dr. A. J. Rogers, Juniper, Neb., writes: Your sample of FEBRICIDE had not been in my hands an hour when I was called to see an old lady suffering severely with Rheumatism and Hyperesthesia which was very general, and also with Asthma, of which she had suffered for many years. I gave her a pill three times a day until she had taken eighteen. She began to get relief after the fourth pill and continued to improve. By the time she had taken twelve pills, Rheumatism and Acute Sensitiveness were no more, and she has not felt anything of them since.

Dr. J. A. Brackett, of Pembroke, Va.: "I have used Febricide in case of childhood fever with remarkable effect, temperature 103°. I had tried other usual remedies without much change; soon after using Febricide the change was like magic."

Dr. C. E. Dupont, of Granville, S. C.: "Febricide has proved of great benefit to the patient I tried it on. It was a case of Malarial Toxæmia in an old lady; the attacks had become very irregular and lately had been attended with intercostal neuralgia, which alarmed her exceedingly. The pills acted well and quickly, as heretofore it usually took me ten days, at least, to relieve her of an attack, but this time she was up on the fourth day and wanting to go on a visit."

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Natrolithic Salt is the solid constituent of the Natrolithic Water, and contains: Sulphate of Soda, Carbonate of Soda, Phosphate of Soda, Chloride of Sodium, Sulphate of Lime, Sulphate of Magnesia, and Carbonate of Lithia. For Habitual Constipation, Rheumatic and Gouty Affections, Biliaryness, Corpulence, Dyspepsia, and all Derangements of the Digestive Tract, it is a wonderful remedy. Does not gripe after administration.

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I trust the profession will give them a trial, feeling confident that they will be well pleased with the results obtained. Yours respectfully,
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A Sample Bottle or Box of either remedy will be sent free of charge to any Physician who may wish to examine the same.

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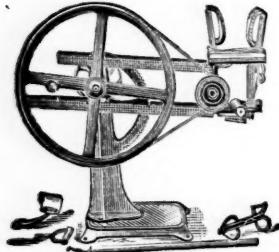
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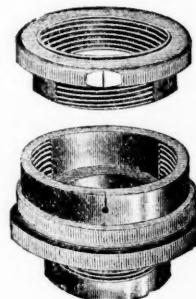
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THE LANCET.

The *Lancet*, after due inquiry and investigation, reported upon the Kepler Extract of Malt as follows: "It is the best known and, in this country, the largest used Extract of Malt. It is as distinct an advance in therapeutics as was the introduction of cod liver oil. It is one of our best nutritive and digestive agents for chronic dyspepsia, and is undoubtedly useful in consumption and other wasting diseases."

In the above dictum we find the gist of the whole matter in a nut-shell, and very naturally it may be asked—what is this Extract which the *Lancet* pronounces the best known and largest used? What is this product that is as distinct a step forward as the discovery of Cod-Liver Oil? What is the nature of this nutritive and digestive agent, undoubtedly useful in wasting diseases? The answer is simply—it is an improved, refined, condensed, highly nutritious and easily assimilable food that has been used for untold ages. It is an advance upon the "tysan" of antiquity, quite as great and substantial as the improvement "Tabloids" is upon primeval modes of medication. It is an Extract of the choicest Barley Malt, which has been made by straining an infusion of the best malted barley, evaporating the liquid *in vacuo* and condensing it by very special and improved methods. So great a food is barley that some have endowed it with the dignity of medicinal properties. Well may the *Lancet* pronounce it "as distinct an advance in therapeutics as was the introduction of Cod-Liver Oil." The great Liebig considered malted barley the greatest discovery in the matter of infant feeding.

THE LONDON MEDICAL RECORD.

The *London Medical Record* says: "The Kepler Extract is the best, richest in diastase, and the most largely used. We have witnessed the processes, have tested it, and are satisfied that it is not only unsurpassed, but unequalled. It is the Extract of Malt which every physician now prescribes."

It will be observed that in this quotation the verdict is the same as in that from the *Lancet*, viz.: that "Kepler's is the best." But it is further pointed out that it is the richest in diastase. Now, of all the grains barley is pre-eminently the one rich in diastatic ferments. Before this one grain, diastatically, all other grains are merely chaff, and in malting a combination of them the barley's diastase is ordinarily relied on to do the work. As is well known, the action of malt

diastase is the same as that of the saliva and of the pancreatic juice, viz.: to convert starch into sugar. When the food is bolted, the saliva has no time for action, indigestion ensues, and it is in such cases that the Kepler Extract has been found useful, for "it is not only unsurpassed, but unequalled."

The *London Medical Recorder* confirms the quotation already transcribed, as follows: "The Kepler Extract of Malt speedily improves the power of assimilation, and in cases of consumption, scrofula, and many of the wasting diseases of children, a wonderful improvement in the patient's condition may be noticed after a fortnight's treatment." We have here a typical example of how physician after physician has reported upon this product. No more trying chronic ailments are daily encountered than consumption, scrofula, and the wasting diseases of children. When cod-liver oil has failed, and the food is disagreeing, and medication proves worse than useless, the Kepler Extract affords a recourse sure and steadfast—one which gives promise of an improved condition after a fortnight's treatment. It improves the digestion, and upon this follows improved assimilation and nutrition, both of which give rise to a better appetite: this in turn again carries the improvement onward.

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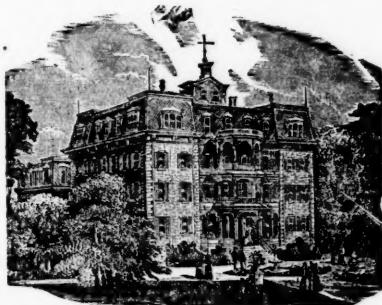
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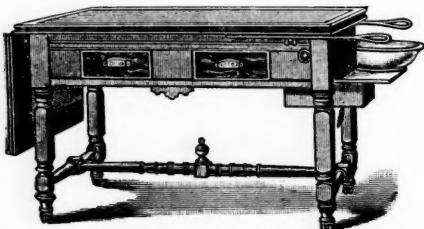
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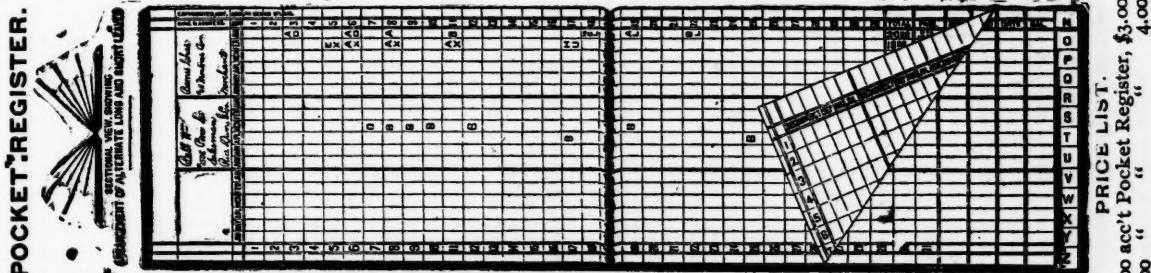
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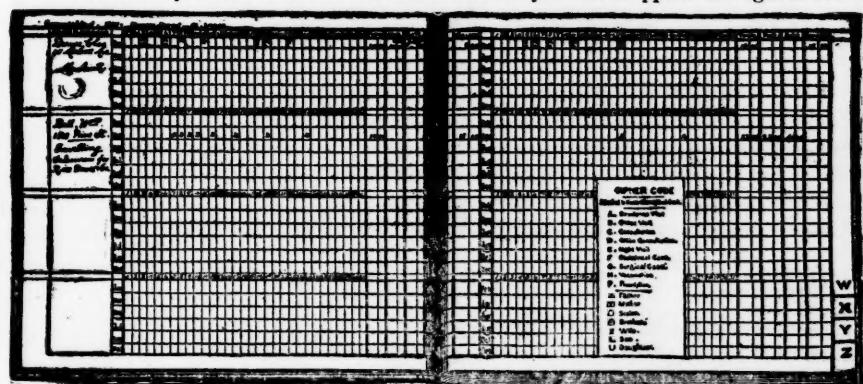
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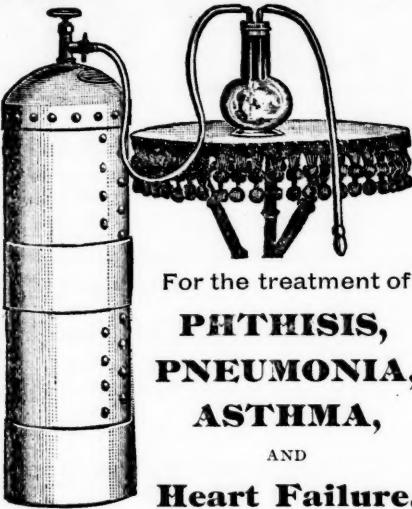
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Vol. V, No. 124.

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HEMIPLEGIA.

By WHARTON SINKLER, M.D.
(Delivered at the Philadelphia Hospital.)

(Reported by MANLEY F. GATES, M.D.)

AS hemiplegia is one of the affections which you will most frequently see, I think that it will be well to show you to-day some of the numerous cases which we have in this hospital.

When paralysis involves one lateral half of the body it is called hemiplegia, and arises from some morbid condition of the brain; when it involves both sides of the lower half of the body it is called paraplegia, and the seat of the trouble is in the spinal cord.

Hemiplegia may arise suddenly from embolus, hemorrhage, or injury causing pressure on the brain, or gradually from softening or the pressure of a tumor, or, its origin may be systemic, as from uræmia in Bright's disease. It may occur in early life from intracranial hemorrhage, pressure during birth, or the use of the forceps.

Of the sudden causes appoplexy is by far the most common, and usually occurs in advanced life, or in persons whose blood vessels are diseased by atheroma or syphilis. The hemorrhage is most apt to occur on the cortex, and the extravasation may be small or great. If it is effused into the ventricles and is

large in amount, coma is profound and hemiplegia complete.

The side of the face involved depends on the site of the lesion. It may affect the face on one side, and the arm and leg on the other, if the hemorrhage is into the pons.

While this paralysis appears to be complete, it is not always so; for the muscles of mastication and respiration often escape. Usually the muscles that escape are those which act simultaneously with corresponding muscles of the opposite side.

The reason that during recovery the leg generally improves faster than the arm, as we see in the case in this patient, is that the legs are generally used together, while the arms are not.

Appoplexy may arise either from cerebral hemorrhage, or from thrombosis caused by the washing of a clot from the heart into the left common carotid artery, which rises directly in the line of the blood current in the arch of the aorta, through the middle cerebral artery and to the left side of the brain. In most cases the vessels of the brain do not anastomose, so that when the circulation is interfered with by an embolus, softening takes place to a greater or less degree according as the circulation is cut off from more or less tissue.

In hemorrhagic appoplexy the same thing occurs from pressure; disintegration in and around the clot also attends it. In uræmia also we may have appoplexy and similar results.

Of these most common sources of sudden hemiplegia this man is a good example. At the time of the occurrence of his attack of paralysis he had been for some time at the hospital suffering from a chronic leg ulcer. He stated that he had previously enjoyed good health, and gave no family history of nervous affections. He has never had syphilis, but has always been a drinking man and an excessive smoker. On February 7 he wakened with a sense of numbness and cramp; he also had some difficulty of speech but this rapidly improved. He cannot move his left arm at all, the fingers are becoming contracted, and there is some stiffness in the shoulder and elbow; this rigidity will continue to increase.

In these cases the reflexes are at first diminished, but in a few weeks we find a condition of irritability, and you will notice that the patella reflex in this patient is much increased. Sensation he has not at any time lost, and he can readily localize a pin prick.

In using the aesthesiometer the sound side should always be first tested to ascertain the normal sensitivity of the skin, as patients differ widely in this. We find that sensation is here impaired on the paralyzed side, perhaps to an extent of one-third. Stiffness of the knee and pain in various joints, especially the shoulder, are not at all uncommon, and the affected joints may become very red and much swollen. Bed sores and other trophic changes are frequently found.

From the history and symptoms of the case at present before you, I would say that the hemorrhage had not been very extensive. There is some paresis on the left side of his face, as his smiles are one-sided and he cannot whistle.

In hemiplegia the facial paralysis usually recovers speedily, generally first of all the parts, for there are fibres of the same nerves that are distributed to both sides. After some months the muscles of the paralyzed side become contracted, and the face is drawn towards the paralyzed side; this might readily convey the idea that the case was one of crossed paralysis.

In many cases speech is affected, either from paralysis of the tongue, or from injury to the speech centres of the brain, giving the varieties of aphasia. In motor aphasia the patient cannot utter a sound; in sensory he can speak but becomes confused and utters the wrong words. The reason that aphasia is more commonly found with right hemiplegia is that the speech centre is located in Broca's convolution, the third ascending frontal on the left side.

Of this the next patient is a good example. As he enters you notice his walk. This is typical; he swings his leg with a circular motion and drags his foot. In the elbow there is some rigidity, and when the wrist is extended it is very hard to extend the fingers and thumb. He has no alcoholic or syphilitic history, but four years ago had an attack in which he became unconscious and aphasic. For twenty months he was confined to his bed, and was completely aphasic for two years. He then became able to say a few words, and continued to improve until a few days prior to his admission to the hospital on February 2, when he had a similar attack.

From this attack he has now partially recovered,

the aphasia being somewhat diminished. He can now tell his name, residence, and many other things, but with great difficulty. His intelligence is not at all affected, and he has now reached the point in his recovery at which he is able to express the difficulty which he has of pronouncing, or as he calls it, "getting up" words. This improvement of speech which we observe is generally believed to be due to the education of the corresponding speech centre on the right side of the brain.

Two years after his former attack, and again just before being brought to the hospital, he had several convulsions, probably due to irritation set up around the seat of the old lesion. These are characteristic of organic change, and are similar to the convulsions seen in Jacksonian epilepsy. In this case we have no history of the nature of them, as they occurred before he was brought into the hospital, but I have no doubt that they affected the right or paralyzed side of the body.

Since our time is getting short I shall now show another case as an example of what narrow limits a paralysis may occupy. As the paralysis varies with the extent of the hemorrhage, the effusion in this case must have been very slight. The patient, as you see, is only paralyzed in the right arm below the elbow. Sensation to touch, and the responses to electrical stimulation are, and were normal, but he could not use the fingers or wrist at all. He has to some extent recovered the power of moving the hand, but it is still very feeble; he can squeeze the dynamometer up to twenty only, with it, while with the other it registers fifty-five.

At the time he came in it was a question of diagnosis between local or central origin of the difficulty. The fact that sensation was unaffected was of itself proof of a central lesion. Then, it was very difficult to see how we could produce a local palsy of this kind, involving both flexors and extensors, by pressure on nerves supplying the part.

At the mitral valve of his heart we hear a murmur, so that there is no doubt that the cause has been a clot, washed off and carried by the blood current.

Our next patient is an Italian suffering from his third attack; muscular contraction is very great, especially at the fingers.

In a paralyzed extremity the growth of the nails is stopped, but recommences after two or three weeks, this is readily shown by staining them with nitrate of silver or nitric acid. This man's nails are ridgy at the end but smoother near the matrix, showing an improvement of their nutrition.

Electricity, as a means of diagnosis, has not in these cases proved of much account.

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Morphinæ muriatis gr. 1-24.—M.

Sig.—To be taken every half hour, from the beginning of the attack until four have been taken.

Immediately after the last dose, take $\frac{1}{240}$ grain of crystallized aconitine. In one-half to two hours the paroxysm will have ceased.—*Revue de Thér.*

Original Articles.

HIGHER MEDICAL EDUCATION.

BY U. M. SNYDER, M.D.,
DELMONT, PA.

ESTERN Medical Journals, Societies and Academies seem, all of a sudden, to have become excited over the subject at the head of this article. They are, apparently, horrified at the deplorable intellectual status of the medical profession in this country. This is not at all astonishing. The only astonishment connected with it is, that it has not aroused attention and alarm long ago. The present state of medicines has existed in this country all through its history. It is no worse now, and no better, than it was fifty years ago. If there is a remedy for it, it will come too late for us of this generation of physicians. But for the past indifference towards an educational requirement for entrance into medical pupilage the profession would not have the illiteracy that encumbers and disgraces it, but would be resting on a higher intellectual plane. To say a higher *medical* education is a transposition of terms. Let us say a higher *intellectual culture*, by virtue of a liberal literary and classical course, and a higher professional status will of necessity follow. The former proposition would have us begin at the wrong end. It would transpose the last to the first step in a physician's career. Require of candidates for medical pupilage the same qualifications required for graduation at a respectable literary college, and they will not then want to belittle themselves professionally. Their intellectual pride would be the surest guarantee that they would not dishonor their profession. So long as medical pupilage is open to all who wish to enter so long will the profession be retarded and disgraced by ignorance and fraud. Society is more responsible and culpable for the low mental status of the medical profession than either the profession itself or the laws relating thereto. If it did not encourage quackery and unqualified practitioners by its patronage, that class of men would soon disappear. Natural capacity and broad culture are not considered essential in a country physician. If he be friendly and sociable, though he be a fool and a blackguard, a clientage will not be wanting. Has a weak but conceited young man taught a few terms in our public schools, he will have outgrown his clothes and imagine himself fitted for a profession. But, owing to the educational requirements in law and theology, he cannot gain entrance there, so he jumps into medicine. Indeed, men enter medicine from all walks of life, at all ages, without any thought as to their fitness by nature or acquirements. No matter what their occupation may be *now*, next year they may be practicing medicine. Now what conception must society have of the character and dignity of a profession that permits such easy access. Law and theology have provided their own protection against unworthy membership, but medicine stands alone and unprotected against that fatal curse. Labor, in any legitimate capacity, is not dishonorable, but I appeal to all candid persons, whether a medical student should not all his previous life have been a diligent

student, so as to lay a broad and liberal culture through youth and early manhood, when the mind is most impressible and the memory most retentive. Aside from all professional considerations, for their own satisfaction they should be scholars; as through the vicissitudes of their calling, they will come in contact with scholars in all walks of life; and regret and mortification will betide them, if they be found wanting. The science of medicine is the grandest of all sciences; embracing not one only, but all the physical sciences. Particularly does it include that one fundamental, pivotal science, around which all others revolve, the science of biology, which, if we could penetrate and comprehend, would reveal to us the mysteries of the universe.

The English language is a mongrel one, and the language of medicines still more so, yet its nomenclature is the most expressive in the world. The entire technicality has underlying it a deep primitive meaning. But what on earth would be the object of a general language or aspecial nomenclature, if an understanding thereof were not needful. How then, can one ever acquire a science whilst ignorant of the language in which it is written? Language is itself a science, and the basis of all scholarship. It touches the beginning, the middle, and the end of life. It is inseparable from the understanding and indispensable to success. The philological basis of the science of medicine is Greek, whether from the Greek directly, or indirectly, through the Latin. Yet a majority of medical students from the country think a knowledge of those languages altogether unimportant. They may learn the superficial meaning of any one word, but why it is so called is sealed to them. For aught they know, it might as well be called borioboola; it would have just the same significance to them. Take, for instance, the Greek suffix *itis*, exaltation, and we find some seventy words built upon its; the suffix denoting condition and a primitive expressive of organ or tissue, the meaning of the word is contained in its etymology, and a dictionary need not be referred to at every turn. We have in medicine nearly eleven hundred Greek and twelve hundred Latin terms, but the latter are drawn largely from the former. We have also some eighty words of French nationality, but they have come down to us, indirectly, from the Latin, as it existed in Gaul at the time of that country's invasion by the Frankish tribe of the Teutons, who overran the Roman Empire in the earlier centuries of our race. There are also a few taken from other modern languages of Europe, and nearly all with Graeco-Latin roots. Aside from the literary accomplishments that the classics give rise to in their students, they afford a most efficient mental discipline. Aside from an introduction to the languages and literature and institutions of the intellectual centers of antiquity, they develop and strengthen the reasoning faculty.

This present time is prolific in scientific word-coining, words, which as they stand compounded are not to be found in *any* dictionary. So unless we can go back to the native meaning of their component parts their interpretation must remain unknown.

Historians tell us, upon the authority of the Ayur

veda, the oldest known medical work that the laws of the ancient Hindoos exacted such acquirements in medical licentiates as few mortals ever reached. Would we had a little such exaction now.

If you would elevate the standard of *medicine*, then first elevate the standard of *preparatory education*.

"A little learning is a dangerous thing,
Drink deep or taste not the Pierian spring."

ELECTROLYSIS FOR THE REMOVAL OF SUPERFLUOUS HAIRS.

BY H. MONTAGUE, M.D.,
DETROIT, MICH.

IN an experience extending over some ten years, I have treated upwards of fifteen hundred cases with varying success, rarely finding, though, that more than ten per cent. of the hairs return after the first series of operations.

Since the adoption of electrolysis for this purpose the operation has undergone many modifications, notably in the intensity of the current and in the fineness of the needles used.

Regarding the intensity of the current Dr. L. Brocq, of Paris, in 1886, considered as necessary a current strength of from fifteen to eighteen milliamperes; but in April, 1888, he admits that only from three to five milliamperes are necessary to obtain the best results.

In my own practice I never exceed five, and rarely employ more than three milliamperes. The outfit necessary for the removal of superfluous hairs consists of a galvanic battery, a fine needle holder and needles, epilation forceps, and above all a reliable milliamperemeter. I cannot find words strong enough in condemnation of the physician who attempts to use the galvanic current, no matter for what purpose, without having in circuit a reliable milliamperemeter. Where the Edison incandescent light wire can be made use of, the rheostat made for me by the Michigan Electrical works of this city, is far preferable to any form of battery, being cleaner, cheaper and more constant.

Almost every one practising electrolysis has his own idea of needle holder; for my purpose I prefer a long and delicate holder, resembling an artist's brush. Jeweler's brooches, Nos. 5 and 7, form the best needles for the work, and by drawing the temper they can be bent in any desired direction, thus obviating the placing of either the patient or oneself in a strained position.

I do not agree with some operators that the circuit should not be closed until the needle is inserted, as by the anodal application of a 15 per cent. solution of cocaine, I am able completely to obtund the pain resulting from the passage of the needle through the cutaneous envelope.

The length of a sitting must naturally depend upon the extent of the surface to be operated upon, the urgency of the case, and the endurance of the patient, usually in cases involving the face I limit the seance to two hours, repeated two or three times a week; in treating the arms, etc., longer, and if necessary, daily sittings can be supported. The amount of irritation created depends upon the care

with which the operation is performed, and the sensitiveness of the patient's skin. I rarely find it fail to yield to hot applications of distilled extract of witch-hazel and water, one to four.

In conclusion I would say that I am convinced that in electrolysis we have not only a perfectly safe, but absolutely reliable method of permanently obliterating blemishes that have proved a source of mental anguish to many. At the same time I am not infrequently assailed with the remark, "I have tried electrolysis and it is no good." Doubtless failure is possible, but it should be attributed to the want of skill and technical knowledge on the part of the operator, and not to an operation which has been amply proved to be successful.

Regarding any scar resulting from the operation, I do not consider any such trouble possible, unless through the use of currents of too great intensity, an accident rendered impossible if a milliamperemeter is used, or through the removal of hairs in too close proximity at one sitting.

UNIQUE PRESENTATION OF A FOETUS.

(Read April 10, 1889, at the Philadelphia County Medical Society.)

BY E. P. BERNARDY, M.D.

THE patient who gave birth to this child was a primipara, aged eighteen years. I saw the case for the first time at 8 o'clock (April 8, 1889); the membranes had been ruptured four hours, the foetus was presenting in the right oblique diameter; the presenting part seemed to be the breech, the right side deeper in the pelvic cavity than the left; the fingers could be hooked in what appeared the groin, but did not have the full feeling one would expect in breech; a sort of sulcus or fissure was in the centre of the presenting part. Passing the fingers further upward, the bone of the skull was detected. I thought that I had a double pregnancy, the breech of one presenting and the head of the other imbedded in the chest of the first. External palpation showed the uterus divided in two by a deep dent in its fundus, a large body occupying the upper left portion, and a body occupying the lower portion of the right side.

I did not introduce my hand into the vagina, for the maternal parts (vulva) were rigid, and had not undergone any softening, and such examination would have undoubtedly caused a rupture of the perineum; the os was spasmodically contracted around the presenting part. The patient not having such pain, and having to deliver a hydrocephalic case, I left her for about two hours. On my return, the entire portion, which you here see, was grasped by the vulva, and the child was delivered in this position. It will be seen that both shoulders presented fair and square, the neck, somewhat stretched, thrown forward on the chest, and the head slightly twisted sideways lying in a cavity in the chest; the arms laid on the top of the chest, right and left side, the head between. There was hardly any pain connected with the confinement.

This is a rare case; I cannot recall an instance of a similar presentation.

HUNTING THE GERM OF YELLOW FEVER.¹

By FRANK S. BILLINGS.

(Director of the Patho-Biological Laboratory of the State University of Nebraska.)

SO far as my personal experiences extend and the literature at my command will permit of my expressing an opinion, while a vast amount has been written upon this disease, still there does not seem to be one of the great human pests which has been so unsatisfactorily studied from an exact and scientific point of view. While the clinical report will answer and the empirical epidemiological phenomena are passingly satisfactory, one looks in vain for an exact and detailed description of the patho-anatomical lesions. Search where we may in all the leading works, through all the leading journals upon such subjects, over-look as we may, the reports, or papers, of those so-called, and newspaper-lauded scientists, who have been especially deputed to investigate this disease, *not one single descriptive autopsy is on record*. In fact, a competent pathologist, with a knowledge of kindred diseases, and well versed in the clinical phenomena, could easily write a more accurate and detailed description of the anatomical lesions in yellow fever than any one of these observers has given us to date. It matters not what persons may think of the writer's methods or adverse opinions they may form of his character, he does not hesitate to say that any and every unbiased pathologist must agree with him that, judged by the evidence as given by themselves, and as it exists in printed works in England, Germany, France or the United States, these persons who have been engaged by government authorities to investigate the yellow fever have given the strongest testimony possible of their utter incapacity and unfitness for the responsibilities thus conferred upon them. They do not give evidence that they even know how to approach a question of this kind. They imagine themselves bacteriologists; some, because they have edited a book written by another, and found some of the fossilized editors of semi-petrified American medical journals willing to praise them, and because of this have finally been led to believe themselves authorities upon a subject their very work has demonstrated their incapacity to investigate. In this country such semi-literary pirates seem to be those particularly favored by government patronage. Such a person is Mr. George M. Sternberg, M.D., who (strange to say, like the equally notorious Hon. D. E. Salmon, Chief of the Hog-Cholera Trust of the Agricultural Department of the Government of the United States), has been employed by the Army Medical Department for about the same period, ten years, in the study of yellow fever, that that other great monopolist has been controlling the swine disease investigation market in this country. These distinguished "Dogs in the Manger," have many attributes in common. They fondly believe themselves favored among mortals as being the only persons sufficiently gifted to enter upon such investigations; hence, their

great public spirit has been displayed by a secret, and some time rather public, endeavor to monopolize all the work of this kind, and to prevent the employment of any others in the same field. Again, they are alike in being equally unsuccessful in producing any creditable work, and equally successful in finding a number of worshipful organ-editors to grind out tunes to their glory.

Whoever carefully follows my endeavors to free scientific research from the Octopus-like strangulation which it is suffering under in this country on account of the untoward influence of the three great despots of American life, viz :

1. The theological devil, or what church do you go to?
2. The political fiend, or what party do you belong to?
3. The nepotistic humbug, or where were you born and in what set?

Must be aware that no matter how severe my censures may be, they are always supported not only by incontrovertible evidence, but by testimony which is well known to be reliable, by the unbiased public, and competent and observant members of the medical profession. In this case it is my purpose to pay a little polite attention to the *Octopus of the Yellow Fever Investigating Trust, Dr. George M. Sternberg*, in an address published in his special organ, *The Medical News*, Philadelphia, March 9, 1889, entitled :

"Hunting Yellow Fever Germs." Dr. Sternberg admits that he has been hunting for this germ for ten years, and that he has been, and still is a most unsuccessful hunter, as follows :

" You are aware that my first effort to solve the etiology of yellow fever was made ten years ago. As a member of the Havana Yellow Fever Commission of the National Board of Health, I had an opportunity to make researches which in advance of the effort I fondly hoped might lead to demonstrations alike creditable to American science, and useful as a basis for preventive and curative measures in this pestilential malady. . . . It was, therefore, with deepest interest as well as with the strongest hopes of success, that I went to an endemic focus of the disease to search for the yellow fever germ." In a previous part of the same address the speaker said : " But I must announce to you, in advance, that there is no satisfactory evidence that any one of these micro-organisms is the veritable infectious agent in the disease under consideration." The reader will now please turn with me to that portion of the address where the great monopolist is speaking of what he did as a member of that Yellow Fever Commission, and I especially desire, and emphasize the fact that, the reader will notice that the language to be quoted bears direct relation to Dr. Sternberg's work as a member of that commission, and that Dr. Sternberg himself says, now in 1889, that he was fitted to engage upon the work as follows :

" I was" (then 1879) "familiar with the most approved methods of mounting and staining microorganisms, and was provided with the best high-power objectives that could be procured. . . . Not only did I feel that I was equipped for the recognition of any

¹From the original MSS. of the second edition of the author's work on the "Southern Cattle Plague and Yellow Fever."

microorganism which I might prove to be present in the blood, but I was prepared to photograph it and thus to show to others what I might see in the blood drawn from the circulation of yellow fever patients."

The above is very reminiscent of the remark we often hear, "that so and so has told the same story so often that he finally believes it himself." In this case it is a little different, however. It may not be that the exceedingly well advertised monopolist has been guilty of such frequent repetition of the "same story" as the "other fellow," for the above is the first time he has put himself on record as having told it, but the effects of sycophantic flattery on his egotism have been such that he undoubtedly believed all which he said of himself in his Montgomery, Ala., address, 1889, was equally a true picture of himself as he saw his own reflection when a member of the "Havana Yellow Fever Commission," in 1879; but Dr. Sternberg seems to have been so completely lost in admiring the resplendent glories of his Nihilistic course as to forget that some years previously he edited a book, entitled "Bacteria Megnin," second edition, 1884, in which is printed:

"The writer's personal investigations are recorded in the 'preliminary report of the Havana Yellow Fever Commission of the National Board of Health.'"

The above is simply quoted to fix Dr. Sternberg so that it cannot be said that his remarks of 1889, above quoted, did not bear relation to that same Commission and investigation.

The reader will again bear in mind that Dr. Sternberg has told us, 1889, that "not only did I (he) feel that I was fully equipped," etc., and then be kind enough to turn to his edited publication of Megnin's work where the same author again speaks of himself and his equipment to do the work he was engaged for. Even then he does not tell us that since 1879 he thinks he has "fully equipped" himself, but he does say:

"Evidently an extended acquaintance with the bacterial organisms found during life and after death in the bodies of persons not suffering from yellow fever, and familiarity with the most approved methods of isolating and cultivating these organisms, would have been of great advantage to the investigator. But this preliminary knowledge and special training was of the most imperfect character."

Certainly further comment is entirely unnecessary after such a display as that by the great monopolist of the Yellow Fever Investigation Trust, supported by the Government of the United States, an institution once fondly supposed to be "a government of the people, by the people, for the people, but in reality a government of ignorance and indifference, by duplicity and cunning, for the benefit of trusts, monopolies, and every form of cowardly and despotic selfishness, utterly regardless and equally reckless of the interests of the people."

The exact attitude of the governments (State and National) in the United States towards the people is most becomingly expressed in the language attributed to the late Vanderbilt: "The people be damned."

Did the Government of the United States really represent the welfare of the people of this country; had it really the intelligence ordinarily common to men, it would never have given one single, untried, though book-reputed, individual entire monopoly over the investigation of such a terrible public curse as the yellow fever.

Persons may think I am making a personal attack upon Dr. Sternberg, and in a certain sense it does appear so, but on the contrary I am not, I am simply combatting monopoly in any field of science under government support, but especially when monopoly and incompetency have been allowed to go hand in hand for ten long years at the cost of so many thousands of human lives and so much economic disturbance. If the government desires to employ Dr. Sternberg, or any other person, on such a mission there can certainly be no objection, but if the government is in earnest let it establish a suitable laboratory in the Southern States for this kind of work, and if it is still more in earnest let it offer \$50 a day and expenses to ten investigators, who must be proven men, and known to be such, to the world, and in case of death, \$5,000 a year pension to their families or those directly dependent upon them, and "Hunting the Germ of Yellow Fever" will be soon a matter of the past. But to offer \$100,000 for a *cure*, as was lately attempted, is but a fit example of quackery in government as well as supporting it in other things.

Let us now turn to the investigations in search of the germs of the yellow fever and begin by considering those of Freire, who read a paper giving what I suppose can be looked upon as the details of his work before the "Section of Public and International Hygiene of the Inter-National Medical Congress, Washington, 1887," and published in abstract.¹ I will not, however, use that paper but will insert a summary furnished me by Dr. John S. Billings, and published in the first edition of my report upon this disease, as it is more condensed and has the advantage of being in the exact words of the author:

Résumé de l'évolution du cryptococcus Xanthogencicus.

Mode de Matière dans lequel il vit.	"Dans le sang, dans le liquide du vomissement dans le cerveau, dans les muscles, dans les organes parenchymateux, en général en tous les tissus et humeurs de l'économie et dans les liquides de culture albumineux."
	"Ils commencent par de petits panis noirs, qui passent à l'état cellules naulés bordés de gris ou de noir, refractants fortement la lumière, quelque fois irisées; granulentes à l'intérieur lorsqu'elles sont mûres contenant du pigment jaune et verdâtre."
Mode de Croissance.	"Les cellules mûres se déchirent: 1 ^o en différents points en même temps (c'est cas le plus fréquent); 2 ^o en un seul point less pores sortant par un seul orifice (rare); 3 ^o par une section circulaire la cellule prenant la forme d'un pyxide" (rare).

¹ *Medical News*, Phila., Sept. 17, 1887.

Disposition of the spores; of the segment and of the pigment.	Mode of growth, (appearance.)	Media in which it lives.	"Tantôt les spores se répandent sans ordre; tantôt ils adhèrent au pigment sans disposition régulière, tantôt ils adhèrent en même affectant différentes figures, comme celle d'une poire, d'une pomme de pin, d'un ananas. Les lames beaux promenant la désaggregation des cellules forment divers amas amorphes, blancs, noirs ou verdâtres."	Freire's descriptions. This does not militate against the fact which is exactly on a par with Pasteur's results and descriptions in the rouget of the hog, in which he said a coccus was the germ, but which Schütz showed to be a bacillus, and which was also in Pasteur's virus but was overlooked by him.
			"In the blood, vomited fluids, the brain, muscles, and in the parenchymatous organs; in general in all the tissues and humors of the economy, and in albuminous cultivating media."	I say we cannot overlook a statement like the above. Scarcely any one can doubt that yellow fever is a septicaemia, a blood-poison, and I think all competent persons will agree with me also in its being of extra-organismal origin, that is, an exogenous disease. Being thus, it is an incomprehensible phenomenon why both Sternberg ¹ and Gibier ² should be so unsuccessful in discovering any micro-organism in the blood, at least in some cases, as my own investigations have conclusively demonstrated, not only the presence of such, but of one and the same organism in the coagulated blood filling the small vessels in sections of the liver and kidneys, from several different individuals, each of whom is guaranteed as having undoubtedly died from the yellow fever, and from the liver of an eighth individual, the genuineness of the diagnosis being also unquestionable in this case as well.
			"They commence as small black points which pass to a state of round cells, having a gray or black border which is very refracting; they are granulated when mature in their anterior, containing a yellow or greenish pigment."	Sternberg says: ³ "Ninety-eight specimens from forty-one undoubted cases of yellow fever were carefully studied, and one hundred and five photographs were made which showed satisfactorily everything demonstrable by the microscope. No micro-organism was discovered." His other and later attempts have also been "negative" as regards this tissue.
			"The mature cells divide themselves as follows: "1. At different points at the same time—which is most frequent. "2. Into a single point, the spores passing out by a single orifice—rare—(!!—B.) "3. By a circular section, the cell taking the form of a 'pyxide' capsule—rare—(!!!—B.)"	Now, these "carefully studied" cases were made when Dr. Sternberg was a member of that "Havana Yellow Fever Commission," and we have seen that when the facts as to his qualifications (1879) were still fresh in his mind, though they were completely dispelled later—1889—the necessary "preliminary knowledge and special training was of a most imperfect character," ⁴ even as late as 1884, and hence may feel justified in assuming that the requisite skill to demonstrate this organism has not yet been acquired by the government monopolist. All attempts at culture from the blood have also been unsuccessful.
Method of reproduction.			"Sometimes the spores disperse themselves without order; sometimes they adhere to the pigment without any regular disposition; sometimes they adhere to each other, forming different figures resembling a pear, a pine cone, or a pine-apple. The segments proceeding from the disintegration of the cells form divers amorphous clusters of a white, black or greenish color."	Exactly similar assertions have emanated from the Bi-bacterial chief of the swine plague trust in Washington, regarding any micro-organism in the blood of cattle diseased with the Southern cattle plague, and very lately a most reliable gentleman has personally told me that they (the Swine-Plague Trust Monopolists) could not find any germ in the blood of Texas diseased cattle, but had found one like mine in the contents of the intestines. Any one who may be here can be shown the original specimens from the blood of cattle that died of this disease in several outbreaks dating back to the first investigation in 1887, and in each one of them can see absolutely pure conditions of the germ of that disease.

¹ Med. News.² Med. News, Jan. 26, '89.³ Med. News, Jan. 26, '89.⁴ Meguin-Sternberg.

Hospital Notes.

MEDICO CHIRURGICAL HOSPITAL.

ACUTE PLEURISY.

WAUGH presented a case of acute pleurisy, occurring in a man of great muscular strength, but of doubtful constitution, his mother having died of intestinal tuberculosis. He was always very thin, seeming unable to put on any fat, even when taking cod-liver oil in large doses. Under these circumstances the occurrence of pleurisy was rather disquieting in view of the well-known relationship of pleurisy and tuberculosis. Indeed, it has been held that pleurisy is *always* due to tubercle; but this exaggerated view does not harmonize with clinical observations, or else our prognostic deductions concerning tubercular affections must be radically wrong.

In the present case the patient was put to bed, kept upon a dry diet, with as little fluid as was compatible with his comfort; a small, very narrow blister was applied over the affected side, and a two-grain pill of phenacetine given every two hours. The patient made a quick recovery, and was back at his work in a week. Here was a case which might well have been tuberculous, from its antecedents, but recovered.

TÆNIA.

Waugh next showed a case of tænia. Three months previously this patient, a woman, twenty-seven years of age, was placed upon the following treatment. Just before going to bed she took one ounce of sulphate of magnesia, in water. Immediately upon rising she took one drachm of oleoresin of male fern, in capsules. This was divided into four doses, which were taken half an hour apart; and thirty minimis of ether, in simple elixir, with each dose. Two hours later she was given an ounce of castor oil with thirty minimis of oil of turpentine. No food was taken until after the oil had operated. The worm was voided, but the head could not be found.

Now she appears again at the clinic, telling us that the proglottides are again appearing in her stools, and she suffers the nausea, qualms, and irregular appetite which she told us of at her previous visit. The same treatment was prescribed, with one addition. On the day before she took the tænicide she was told to eat a cocoanut, which has been recently recommended for tape-worm. She did so, and this time the worm came away entire. Dr. Waugh is not inclined to attribute much virtue to the cocoanut, as none of the worm appeared until after the fern had been taken.

(Notes of Prof. Shoemaker's clinic for Skin and Venereal Diseases.)

IMPETIGO CONTAGIOSA.

The lecturer in a case of impetigo contagiosa, recommended internally milk, eggs, meat and the following:

Take of oil of gaultheria 5 drops.
Cod-liver oil 4 ounces.
Compound syrup of phosphates . . 2 ounces.—M.
Dose: One to two teaspoonfuls three times a day.

External.

Take of distilled witch hazel 4 ounces.
Corrosive sublimate 4 grains.—M.
After using the lotion over the surface, the parts may be dusted with this combination:

Take of iodol 3 drachms.
Oleate of zinc 2 drachms.—M.

SEBORRHœA SICCA.

In a patient suffering with dry or sealy seborrhœa of the scalp and face this prescription was ordered:

Take of sulphide of arsenic 1 grain.
Extract of ignatia 2 grains.
Extract of gentian 40 grains.

Mix and divide into twenty pills.

Dose: One pill three times a day.

External.—Apply twice a week, the tincture of green soap, and at once wash off with water.

Use also, two or three times a day:

Take of fifty p. c. solution of boro glyceride 4 ounces.
Bismuth subnitrate 1 drachm.—M.

TINEA FAVOSA.

A case of favus of the scalp received:

Take of compound tincture of cinchona 3 ounces.
Fluid extract of malt 3 onces.
Tincture of ignatia 24 drops.—M.

Dose: Two teaspoonfuls in water three times a day.

External.

Take of beta naphthol 10 grains.
Corrosive sublimate 5 grains.
Lard 1 ounce.—M.

TUBERCULAR SYPHILIS.

A male patient of about forty years, with tubercular syphilis, especially of the face, neck, and shoulders, being especially anaemic and debilitated, had the following treatment:

Take of sulphate of quinine 40 grains.
Carbonate of iron 40 grains.
Arsenite of sodium 1 grain.
Sulphate of strychnine ½ grain.

Mix and divide into 40 pills.

Dose: One pill three to four times a day.

External.

Take of iodol 1 drachm.
Beta Naphthol 5 grains.
Ointment of nitrate of mercury . . 1 ounce.—M.

SCROFULODERMA.

In the case of a little girl of five years, with enlargement of the glands around the neck, attended with several sinuses, plenty of fresh air, exercise, milk, eggs, meat, and easily digested vegetables were advised. Also prescribed:

Take of fluid extract of Hoang nan 50 drops.
Glycerin 3 ounces.—M.

Dose: One to two teaspoonfuls three times a day.

External.

Take of ointment of the oleate of mercury
(10 per cent.) 1 ounce.
Salol 1 scruple.—M.

HYPERIDROSIS.

The excessive perspiration, occurring in a young woman of eighteen.

Take of sulphate of atropine 1-10 grain.
Sulphate of strychnine ¼ grain.
Cinnamon water 3 ounces.—M.

Dose: One teaspoonful morning and evening.

External.

Take of fluid extract of geranium maculatum 2 ounces.
Glycerin 2 ounces.—M.

Society Notes.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

STATED MEETING APRIL 24, 1889.

W. W. KEEN, M.D., President, in the chair.

DR. FREDERICK A. PACKARD read a Report of a Case of Spinal Hemorrhage.

Six weeks before coming to the dispensary for treatment he had fallen down a flight of fourteen steps, struck the back of his neck against the edge of the last step, and was completely paralyzed from that moment. He gradually recovered some power, and at the time of presenting himself at the dispensary his condition was as follows:

General health seems good; he eats and sleeps well; the bowels are constipated, being unmoved for a week at a time unless aided; his urinary apparatus is apparently in good working order; he has no symptoms referable to the heart; he gets short of breath easily, and, in addition to a sensation of weight upon the thorax, has a pronounced "girdle-pain;" he has not, nor has he had any vomiting or hiccough; his hearing is excellent, but his vision seems to him to be impaired; he has almost constant pain in the back of his neck, at times shooting over the occiput in straight lines on either side; his greatest complaint is of weakness in arms and legs, most marked on left side, and of a coarse tremor occurring in all but a few positions that he assumes; he is able to walk about one block with the aid of a cane, but having accomplished that distance his right knee gets stiff and he is unable to lift the toe from the ground; he has both sexual desire and power.

Examination of the patient revealed the following conditions: Intelligent man, well nourished; speech natural; face and neck appeared entirely normal except for slight myosis. Examination of the pupils showed that they were equally contracted when shaded, but reacted feebly to light. There was no accommodative change in the size of the pupil.

Taking the history and conditions present in this case, there would seem to have been hemorrhage into and around the cord with probably also partial rupture. That the lesion was hemorrhage or in the nature of partial rupture is made certain by the sudden onset in a previously healthy man of paralysis of motion and loss of sensation. That it was high up, in the cervical segment, is shown not only by the history of complete motor and sensory paralysis below the shoulder-girdle, but also by the signs presented at the present time.

The conditions no doubt have been a hemorrhage into and around the cord at about the sixth cervical segment, with probably partial rupture of the cord on the left side of the median line. This primary effect was followed by shrinking of the clot and restoration to some extent of the anesthetized functions. Secondary myelitis probably then occurred with, later, the descending degeneration of the lateral columns giving the greatly increased myotatic irritability below the parts supplied by nerves from the

injured area. A secondary meningitis also probably occurred about the site of the lesion giving rise to the pain in the nape, and possibly also to the "girdle-pain" of which he now complains. There are present no signs to indicate any posterior ascending degeneration, but the lesion is so high up in the cord that it would be difficult of recognition.

Concerning the reactions obtained with the galvanic current, I do not know what significance the formula 1. KCIC; 2. KOC; 3. AnCIC; 4. AnOC may possess. It is rather hard to see how it can indicate degeneration from polar-cell disease, since it is so widely distributed beyond the site of the lesion as to preclude the idea of direct damage to the multipolar cells in the dorsal and lumbar regions.

A CASE OF CHYLURIA.

SOLOMON SOLIS-COHEN, M.D., reported a case of chyluria evidently of a spontaneously intermitting type, for the urine cleared up under a placebo treatment consisting of gtt. iij. t.d. aq. menth. pip., thus preventing Dr. Cohen from making any extended observations. Once or twice before the patient, a negro of sixteen, had passed for some days a similar milk-colored, chyliferous urine. The urine by microscopical and chemical examinations shows a spec. gr. of 1.010, considerable albumen, fat globules, lymph corpuscles and bacteria.

MALIGNANT PAPILLARY CYST.

GEORGE ERETY SHOEMAKER, M.D., presented a specimen of a malignant papillary cyst of the mammary gland, of two years' growth; taken from a woman of fifty-six. During the last four months this patient had suffered much pain. The gland was heavy, tense, and stood off prominently from the chest.

On incision several ounces of thin, dark, dirty-brown fluid escaped, which probably contained much degenerated blood. There was no well-defined smooth cyst wall, but the irregular cavity was lined by prominent branching papillary growths, either projecting into the main cavity, or separated from it in groups by walls so as to form minor cysts of the size of a cherry. These brown papillomata sprang by constricted peduncles from a somewhat hardened base. This base, or what might be called the solid portion of the tumor, was found on section to be composed entirely of whitish fibrous lamellæ branching one from another, so that a piece removed for examination could not be prevented from separating into layers in handling. Virchow describes the structure of the cystic sarcoma as like that of a cabbage head, an illustration closely applicable to this tissue.

All sections examined were composed of various kinds of fibrous tissue, some quite dense, much of it embryonic. Some of this had taken on well marked hyaline degeneration, and exhibited brownish-yellow foci of decomposed blood. In other portions appeared hyaline ground substance dotted with numerous nuclei; in still others finely fibrillated quite young connective tissue, with very numerous connective tissue corpuscles. No epithelial cells were found, nor were there any nests. The bloodvessels, which were numerous, had well-developed, indeed, thickened walls; a condition not found in typical sarcoma.

Though to the naked eye, then, the growth corresponds closely with descriptions of cystic sarcoma, as given by various authors, the microscopical diagnosis has so far failed; but whatever its exact nature, its malignancy is extremely probable because of the general structure, the rather rapid growth, the presence of enlarged veins and the occurrence of severe shooting pain.

KENTUCKY STATE MEDICAL SOCIETY.

THIRTY-FOURTH ANNUAL MEETING AT RICHMOND,
MAY 8, 9, 10, 1889.

DR. L. S. MCMURTRY, Danville, President; DR. STEELE BAILEY, Stanford, Secretary.

RECENT Advances in the Diagnosis and Treatment of Tuberculosis was the title of a paper by DR. F. C. WILSON, of Louisville, in which he referred to the frequency and distribution of the disease and the various methods of treating it, and showed numerous instruments and apparatus for the same. He discussed Wiegert's method of treating tuberculosis by breathing air at a temperature of 400° or 500° F. He considered the ability of the patient to do this without harm to the tissues a marvel, but it was nevertheless true. He had not yet tried it, but he meant to do so. He favored the disinfection of every particle of the sputa, and great care to avoid infection of nurse, or husband, or wife.

DR. J. N. McCORMAC, of Bowling Green, believed in the disinfection or destruction of the sputa. For some time the Kentucky State Board of Health, of which he is secretary, has been distributing both to the laity and physicians literature to the effect that tuberculous patients should be isolated and the sputa destroyed or disinfected. It is preferable to have the patient expectorate on paper and then burn the paper.

DR. J. A. LARRABEE, of Louisville, asked if the contagion is so great as described, should we not have more cases, especially of physicians who are treating laryngeal phthisis? At Brompton Hospital there are four thousand persons treated annually, and no one of the physicians or nurses has contracted the disease. Mouth breathing he thought one of the great causes of tuberculosis, that is, the shallow breathing which follows mouth breathing.

The Transmissibility of Tuberculosis from the Lower Animals to Man was the subject discussed by DR. J. A. OUCHTERLONY, of Louisville, in a paper of considerable length and learning. This question was intimately connected with the subject of the infectiousness of the disease. The power of the bacillus to resist antiseptics is astonishing. Corrosive sublimate does not destroy the bacillus even at the strength of 1-500. The theory of inheritance has been thoroughly shaken by the discovery of the bacillus. Tuberculosis is rarely, if ever, congenital, but acquired. If the former theory was true, the prospects of the removal would be remote, indeed. If the latter is true, the prospects for the eradication of the disease are bright. We have clinical proof, also, that the disease is contagious. The object of the paper was to show that tuberculosis could be transmitted from the lower animals to man. There

can be no security from tuberculosis so long as tubercular meat and milk are used. The disease is contagious, infectious, and not congenital. It is transmissible especially through alimentary canals and respiratory tract. Rabbits kept near tuberculous patients contract the disease in twenty-seven days. Rabbits suspended in cages so as to breathe the air exhaled by tuberculous cattle contract tuberculosis. The lungs are the primary seat of the infection. It may be contracted through the integument, mucous membrane, abraded epidermis, wounded and abraded surfaces. Tuberculosis in dumb animals is identical with tuberculosis in man. Transmissibility to other species is very frequent. The medical profession should inform the public of the condition of affairs and insist on the control of the meat and milk.

Speeches warmly commanding the ideas presented in this paper were made by Drs. Reynolds, McCormac, and Carpenter, and on motion a committee, consisting of Drs. J. N. McCormac, Bowling Green; Dudley S. Reynolds, Louisville; John A. Ouchterlony, Louisville; and Wm. Bailey, Louisville, was appointed to bring this subject before the public.

The Importance of Rectal Examinations to Life Insurance Companies was a subject dealt with by DR. JOSEPH M. MATTHEWS, of Louisville. He considered it of great interest to life insurance companies, and to those insured in them, that the examinations be as thorough as possible. Most companies understand this, and have a long list of questions and examinations through which the applicant must go before he is admitted. No company, to his knowledge, requires a rectal examination. Many rectal diseases are incurable, and often fatal. The only thing the insurance companies do is to, in some instances, ask the question, have you had piles or fistulae? Piles and fistulae are generally not very serious to life as some other rectal diseases are. The doctor reported a number of cases which had come under his observation where insurance companies had lost money after a short period of insurance by neglecting the precaution of having a rectal examination made. The responsibility of the medical examiner for life insurance is a very grave one, and is too often overlooked. There are diseases affecting this portion of the body which are wholly unrecognizable save by a careful examination of the exploration of the rectum. There are diseases self limited, incurable, and always fatal. The interim between their incipiency and full development is so vaguely marked, and the insidiousness so obscure, that nothing less than a full exploration will reveal their nature. If in this interim the patient were to apply for a life insurance policy he would probably be received into the company.

DR. F. C. WILSON, of Louisville, thought it a delicate matter to ask this examination. It was with great reluctance that examination of the urine was introduced, but now no first class company fails to ask it, and it has saved them much money. He favored a middle ground. Questioning the patient, and if anything was found indicating trouble of this nature, then make the examination.

The Progress made in the Enforcement of the New

Medical Practice Act was the subject of a paper read by DR. J. N. McCORMAC, Secretary of the State Board of Health. This has proven one of the most popular general laws ever passed in the State. Registration in most of the counties had been complete. Large numbers of charlatans being unable to comply with the very reasonable and conservative provisions of the statute had been compelled to leave the State, and scores of irregulars from all parts of the Union had been refused permission to practice in Kentucky. As was to be expected, the principal difficulty in its enforcement will occur in Louisville. The physicians of that city are making an organized effort to secure its strict enforcement, and there can be little doubt as to the final result. After January 1, he would publish an official medical directory of the State, giving the name, age, place of birth, address, and place and date of graduation of each physician in the State.

At the conclusion of the report the Society appropriated all the surplus in the treasury, to be used if the necessity occurs, to assist the physicians of any county where the law might be resisted in enforcing its provisions.

Syphilitic Ulceration of the Upper Air Passages was the subject handled in an excellent manner by DR. M. F. COOMES, of Louisville.

Report on the Progress of Medicine was by DR. J. W. GILBERT, of Lawrenceburg.

Laparotomy for Penetrating Shot Wound of the Abdomen, by DR. DAVID BARROW, of Lexington.

The Report on Vital Statistics was made by DR. T. B. GREENLEY, of West Point.

The report of gynecology was made by DR. W. H. WATHEN, of Louisville. He confined his remarks to pelvic hæmatocoele. He referred to the generally accepted definition of hematocele as blood tumor in the pelvis encapsulated within or without the peritoneal cavity. He said that all pelvic hematoceles were extra-peritoneal and thus it is not possible for hemorrhage into the peritoneal cavity to become rapidly encysted so as to form a fixed tumor in the pelvic or abdominal cavity. That the blood is mixed with lymph and coagulates so slowly that it is not confined in any one place in the cavity, but changes its position upon the movements of the body obeying the laws of gravitation. That the blood could not be confined by a layer of effused lymph immediately above it, and that, if the hemorrhage into the cavity is at all considerable, death would probably result before it could be confined by adhesions of the superimposed intestines. Intra-peritoneal hemorrhage is nearly always fatal. Mr. Tait has seen nearly one hundred cases, and they all died except two upon whom he did abdominal section. He referred to the fact that the blood never becomes encysted in intra-peritoneal hemorrhage from defective ligation in laparotomy for removal of the tubes, ovaries, etc. He gave as causes of encapsulated hæmatocoele sudden metro-staxes of normal menstruation or of pseudo-menstruation following abdominal or pelvic operations and rupture of a tubal pregnancy. He said that intra-peritoneal hemorrhage really always caused by primary or secondary rupture of ectopic gestation.

He gave the symptoms and diagnosis of hæmatocoele

and advised against surgical interference unless the sac ruptures into the peritoneum or suppuration is imminent. If the fluctuation can be detected from below he recommended making an opening and giving free drainage in the vaginal vault, and if fluctuation is well marked above the pelvis, or ruptures occur into the peritoneum, an abdominal section should be done.

Laryngeal syphilis was the subject of a paper read by DR. A. B. THRASHER, of Cincinnati. He said little difficulty would be experienced in the majority of cases, but occasionally the most skillful diagnosticians would be puzzled. The diseases most likely to be confounded with syphilis of the larynx are, tubercle, cancer and lupus.

In tubercle, and especially cancer, there is more pain than in syphilis. In cancer the pain is lancinating and radiates to the ear, and may be felt at any time. The voice is more changed in cancer and tuberculous disease. The classical pathognomonic syphilitic voice is usually more easily recognized when the acute observer has detected syphilis previously.

Cough is much more pronounced in phthisis than in either of the other conditions. Deglutition is more impeded in tuberculous or cancerous ulceration. The syphilitic ulcer develops rapidly in a few days; the cancerous requires weeks and the tuberculous months. Syphilis attacks preferably the upper surface of the epiglottis; tubercle the under surface; cancer the ventricular band. In syphilis there is a solitary serpiginous ulcer with sharp edges surrounded by an areola of hyperæmia; in tubercle there are numerous small shallow ulcers, or these have run together forming a large ulcer with ragged, "nibbled" edges; the cancerous ulcer appeared on the summit of an angry tumor and is surrounded by highly inflamed tissue.

In tubercle there is, as a rule, anæmia of pharyngeal and laryngeal mucosa while hyperæmia is the rule in the other affections.

Enlargement of cervical glands, anterior and posterior, is indication of syphilis and is either absent or not so marked in the other affections.

Lupus of larynx might be mistaken for syphilis, yet the disease is so rare as not to fall within the observation of most laryngologists. When the only manifestation of lupus is in the larynx the administration of anti-syphilitic remedies might be required to insure the diagnosis.

The report on surgery was made by DR. W. L. RODMAN, of Louisville. The doctor in looking over the work in this department during the past year found himself surrounded by an embarrassment of riches. Senn's hydrogen gas test he considered conspicuously the most brilliant as it is perhaps the most useful. Gas finds its way out of the wound if there be perforation and burus with a blueish flame. The twelve propositions of Senn were given. Senn's discovery has greatly increased the interest in penetrating wounds in the abdomen, and in the results we find much to cheer us. Supra-public lithotomy has gained much in favor during the past year. Epicystotomy has every advantage for tumors and foreign bodies. The new cystoscope of Neitz and Leiter has rendered the diagnosis of tumors of the bladder comparatively

easy. In cystitis of the female, More-Madden of Dublin, has recommended the dilatation of the urethra, then curette the proliferating mucous membrane and apply carbolic acid over its entire surface. In iliac abscess it seems that early operation promises the most. Dermoid cyst of the neck has been recently operated upon by Keetly, of London, by cutting away a portion of the cyst wall, suturing it to the neck, and stuffing it with gauze after cleansing it thoroughly. This has resulted well in his hands and is certainly quicker and safer. Whitehead's method of operating for piles has here and there gained an earnest advocate, but will hardly supercede the ligature. Piles with prolapsus can, perhaps, be operated upon by Whitehead's method with the best advantage. Alexander's operation has fallen into disuse. It can only do good in cases of retroversion with fixation. Dr. Dudley, of New York, has recently described a new operation for rupture of the perineum. In the treatment of carbuncles, Edmund Owen, of London, uses erosion. He cuts away all slough and undermined skin, scrapes thoroughly with a Volkman's spoon and dresses it antiseptically. In this way a painful and septic mass is converted into a painless and aseptic one. Excision of carbuncles is advocated by Gester and others. The doctor considered it probably the best means of treating them. Colles, of Dublin, has shown that changing from the horizontal to the sitting posture in injuries to patients with fracture of the bones of the lower extremities is very injurious. A new treatment of aneurisms has been suggested by Macewen. It consists of the introduction of needles into the sac till they reach the endothelial lining of the opposite wall. The oscillation of the needles scratches the endothelium and causes proliferation of the leucocytes which are said to form a firm fibrous mass. Pneumonotomy is gaining laurels for pulmonary abscess, 50 per cent. of the cases being successful. Pneumonectomy has met with such success in the lower animals that it is recommended in man. One lobe or a lung may be excised. It is thought that the minimal respiratory area compatible with life and health amounts to two pulmonary lobes. The past year has witnessed many sharp discussions as to the comparative merits of ether and chloroform. The latter has not suffered by the comparison. It is not desirable that one should supplant the other as we need them both. One is good in some cases and inferior in others.

Acute Traumatic Tetanus, was the subject of a paper by DR. R. C. McCORD, of Lebanon. He related some cases and gave the results of treatment. He considered the bromide of potash the best of all known remedies.

DR. L. H. CLARKE, of Lexington, had had half a dozen cases in his practice and all proved fatal. He believed all cases traumatic.

DR. A. P. MORGAN VANCE, of Louisville, had seen a good many cases of traumatic tetanus but had seen but one get well, which case he reported.

DR. J. C. CARPENTER, of Stanford, favored nourishing his patients. He kept them drunk on whisky so as to relax the spasms. One ounce of bromide of potassium in twenty-four hours had cured many cases.

DR. J. G. BROOKS, of Paducah, reported a case of traumatic tetanus which occurred in his practice while in the Hawaiian Islands. It was a Chinaman who was about to die, and was a case demanding kill or cure treatment, as the man was suffering terribly and begging to be killed. He gave him five grains of morphine hypodermically. The next morning he was awakened by a crowd of Chinamen who announced to him that the man was much improved. Two years later he was still all right.

DR. J. A. LARRABEE, of Louisville, said he had nine cases, four successful, and all children. He thoroughly believed that any case would yield to bromide of potassium provided the remedy was given in sufficient dose. To the educated physician dosage is simply a botheration. He knows the physiological action and gives for results. The pathology of the disease is unknown.

DR. DUDLEY S. REYNOLDS, of Louisville, was surprised to hear that any one thought the pathology of traumatic tetanus unknown. It was settled at the Second French Congress of Surgery which met in Paris, in 1886, by Prof. Cornil, who presented the streptococcus as the cause, and his demonstration was so perfect that the Congress coincided totally with his belief. This great discovery should not be passed over lightly.

DR. J. M. MATHEWS, of Louisville, thought the pathology of traumatic tetanus still very unsettled. He believed there was more to be learned by the report of cases. In one case he had given bromide of potassium in sixty-grain doses every second hour for seven days, and continued the dose at greater intervals. At the end of three weeks he was able to go home.

The Management of Wounds was the subject of a paper by DR. C. C. SKINNER, of Louisville. He favors irrigation.

DR. T. HUNT STUCKEY, of Louisville, thought that in some cases, circumcision, for instance, irrigation favored œdema. He thought the dry dressing better in this case.

The Report on Otology was made by DR. J. M. RAY, of Louisville. He thought that medical men were now giving more time and attention to ear diseases. Many still treat the ear without giving the nose and throat especial study. The deaths of prominent men of disease of these parts has called attention to these troubles.

DR. J. G. CARPENTER, of Stanford, thought the more aseptic and antiseptic we were, the sooner will these troubles heal.

DR. JOHN YOUNG BROWN, of Henderson, reported a case of operation for impermeable stricture.

DR. J. M. FOSTER, of Richmond, thought that the time was near when external urethrotomy would be a more common operation.

DR. A. W. JOHNSTONE said Coxe's operation, though difficult, was not so much so as most men thought. He had made it three times and all patients were living. A little courage was necessary. He was in favor of the use of the aspirator and trocar in some cases.

DR. W. L. RODMAN, of Louisville, favored the use of the aspirator.

DR. E. S. MCKEE, of Cincinnati, read a paper on Prolapse of the Ovaries. This disease he thought much more frequent than is generally considered. He said it was a symptom often rather than a separate disease, yet it had many peculiar characteristics which entitled it to distinct consideration. The dislocation may occur into the lateral pouch of Douglas, the true pouch of Douglas, and the anterior or vesico-uterine pouch, or the infundibulum of the inverted uterus. The last position is seldom found, and the next to the last is one of rarity.

Causes which lead to this trouble may be increase of weight which induces traction from below or pressure from above; causes which produce feebleness or lengthening of supports, as the conditions present during the puerperium, congestions, displacements, particularly the posterior ones, or violent straining at stool. The left ovary is more often prolapsed, because of its greater enlargement during pregnancy, and because it is more subject to disease. There are several reasons for this fact in connection with this ovary, the principal one being the valveless state of the left spermatic vein which renders the vessel easily affected by an obstruction in the circulation.

Marked pain on walking, on coition, with torturing pain on defecation are experienced by the patient, and occasionally hysteria and melancholia. Spasms of sickening neuralgic pain are felt in the pelvis and surrounding parts.

The displacement of the ovary usually occurs in this manner: It sinks downward and backward and describes an arc toward the median line. The fallopian tube and ovarian ligaments form cords. The descent of the ovary brings it to that part of the pelvic fossa known as the retro-ovarian shelf, where it may remain.

Usually diagnosis is not difficult. If found easy the patient should be examined on the left side, as the finger reaches at least an half inch farther up the posterior vaginal wall in that position. An anæsthetic may sometimes be of service. Rectal examination will allow the finger to reach an inch higher up into the pelvis than per vaginam. The elevation of the pelvic contents, en masse, must not be mistaken for mobility of the ovary.

The prognosis will depend on the condition of the ovaries, the presence or absence of complications and the duration of the disease.

The author considered Campbell's position on the knees and chest of much benefit as one of the means of treatment. He thought pessaries do more harm than good. The intestines should be kept empty with some preparation of mercury. If sexual intercourse be permitted at all it should be carefully regulated. Superior advantages result from Bozeman's method of columning the vagina with the patient in the knee chest position. He discussed Schultze's method, but considered it still under inspection. Oöphoraphy was an operation of much merit in the judgment of Imlach, of Liverpool, but other writers do not accord with him. Tait's operation had not been followed by the permanent good results expected. The essayist had seen prolapsed ovaries follow the ascending uterus as it escaped from the pelvis at the fourth month of

pregnancy, and after delivery they remained in the proper places. Hysteroraphy affords relief to some cases, and sometimes as a *dernier resort*, extirpation becomes a necessity.

The attendance was good, and the meeting from the first promised to be an unusually good one. Reports of the Secretary, Treasurer, Committee on Arrangements and other committees were briefly made. Ex-Governor James B. McCreary was present and made a speech in which he extolled the medical profession very highly. He had served with them in the pursuits of peace and of war, in the legislative halls of the State and nation, had yielded his place in the gubernatorial chair to a doctor, and one of this profession from his own city of Richmond, now occupied the office of Chief Justice of the United States.

On motion it was voted to appoint a committee of reference in each County of the State to see to the enforcement of the new medical law by proceeding against all violators, and to use the money in the treasury of the Society for the prosecution of these offenders.

On motion the national formulary was endorsed. A committee consisting of Drs. J. G. Carpenter, of Stanford, Steele Bailey, of Stanford, and H. Hunt, of Lexington, was appointed to attend the meeting of the Pharmaceutical Association at Crab Orchard, May 15.

A motion to hold the vote for officers with closed doors, and by ballot, instead of committee, was voted down.

Officers elected were as follows: President, John A. Ouchterlony, Louisville; First Vice-President, Wm. Jennings, Richmond; Second Vice-President, R. L. Wilis, Lexington; Permanent Secretary, Steele Bailey, Stanford; Assistant Secretary, John Young Brown, Lexington; Treasurer, J. B. Kinnard, M.D., Lancaster. Henderson was chosen as the next place of meeting, and J. S. Letcher as chairman of the committee of arrangements.

On the first evening of the session an elegant hop was given at the rooms of the Madison Club, and a banquet was served at the Garnett House, on the evening of the second day. The master of ceremonies was, Dr. Jennings, of Richmond. Toasts were responded to as follows: Our Guests, Ex-Governor McCreary, of Richmond; Medical Education, Dr. Dudley S. Reynolds, of Louisville; The Young Doctor, Dr. J. M. Mathews, Louisville; The American Doctor, Dr. W. H. Wathen, Louisville; The Kentucky Doctor, Dr. L. S. McMurtry, Danville; The Absent Ladies, Dr. O. D. Todd, of Eminence. The banquet was a success.

DR. AP. MORGAN VANCE, made an interesting discourse on the subject of, The Art of Asepsis. He showed the paraphernalia of the art and a very convenient case to carry with you when making calls or going into the country.

The report on Medical Ethics was made by DR. DUDLEY S. REYNOLDS, of Louisville. He had looked into the requirements of this and other medical societies and found them quite exacting. Ethics are not law. The ethical penalty is, censure, expulsion, ostracism. Ethics have no control over a man's prop-

erty or personal rights. He thought the Code of Ethics excellent and that the secretary should place in the hands of every member of the Society a copy, and send it into the counties where there was no society.

DR. LARRABEE, of Louisville, had never heard that hydra-headed monster, medical ethics, made so pleasant as by Dr. Reynolds. He considered ethics, the conduct of gentlemen. If a man is a gentleman, he will need no ethics. If not a gentleman, ethics will not make him one.

The report on Ophthalmology was made by DR. S. G. DABNEY, of Louisville. The advance during the past year, though not brilliant, had been steady. Cocaine has fairly held its own. The cataract operation with iridectomy was carefully discussed, and antiseptics in eye practice.

Greetings were sent to the Michigan and Kansas State Medical Societies then in session.

A Case of Tubal Pregnancy which Advanced to Term without Rupture, was the subject of a report by DR. ARCH DIXON, of Henderson. The case was one of exceptional difficulties of diagnosis. There was an enlargement which he thought an ovarian cystoma. He determined to make an exploratory laparotomy, and to his surprise opened up a sac which contained a macerated fetus at full term. The postmortem showed a case of tubal pregnancy with no trace of any rupture. The case was a very rare one, and some deny the possibility of such occurring.

A Case of Tubal Pregnancy was also reported by DR. CHARLES M. MANN, of Nicholasville. His case resulted fatally and a postmortem was held.

A Case of Extra-uterine Pregnancy, was reported by DR. J. B. EVANS, of Rileys Station. He was of the opinion that the ovule can become impregnated before it reaches the Fallopian tube, and then get into the abdomen. He believes the Fallopian tube can be contracted till it will admit of the passage of the spermatozooids, but not of the ovule. He reported a case of extra-uterine pregnancy in which a patient suffered long with peritonitis and passed fetal bones and other structure per rectum.

DR. W. H. WATHEN thought the case of Dr. Dixon unique, and could not see how it could possibly occur that an extra-uterine pregnancy could be carried in the tube for this length of time. The tube walls are so thin and weak that by the twelfth week the tube ruptures and the fetus escapes into the abdominal cavity. He was sorry that Dr. Dixon did not make a thorough examination of the lining of the sac. He agreed with Tait that there was no possibility of an extra-uterine pregnancy unless it occurred in the tube with possibly a chance for an ovarian pregnancy. It is utterly ridiculous to talk of an abdominal pregnancy occurring primarily. It has never occurred and it never will occur. Extra-uterine pregnancy as is tubal primarily. We have the electrical treatment and the operative treatment. He does not believe it possible to absolutely diagnose extra-uterine pregnancy before the twelfth week. It is mere guess work before this time. He reported cases where physicians had fallen into error in diagnosing extra-uterine pregnancy when it was intra-uterine.

He argued against the treatment by electricity and said the only treatment was, where rupture occurs, operate at once and treat the case antiseptically. If it does not rupture, then laparotomy is the treatment.

DR. J. G. CECIL, could not understand how it was possible for Dr. Dixon's case to go on as he thinks it did. He thought a very fine dissection and microscopical examination would be necessary to substantiate the diagnosis. He could not agree with Dr. Wathen and Tait, that there can be no primary cases of abdominal pregnancy. Undoubted cases are on record, and Tait is aware of them but fails to refer to them in his book. He thought the only thing which could be done was to perform abdominal section. The subject was further discussed by Drs. J. M. Foster, of Richmond, and E. S. McKee, of Cincinnati.

The report on the Progress in Obstetrics, was made by DR. J. C. CECIL, of Louisville. He discussed in an able manner, antiseptics in obstetrics, the delivery of the aftercoming head in which he would hasten the delivery of the head with the forceps, even at the expense of the perineum and cervix. He discussed the third stage of labor, and the methods of Credé and Ahlfield. He mentioned Berry Hart's theory and recommended a compromise between Credé and Ahlfield. He waits till the placenta separates, then if there is any delay uses Credé's method. He discussed Cæsarean section *vs.* ovariotomy, and quoted from Busey's paper that the former was proper in all cases where child was living. Favored abdominal section over electricity in extra-uterine pregnancy.

TENNESSEE STATE MEDICAL SOCIETY.

DR. T. J. HUPPLE, of Trenton, in the chair.

THE Tennessee State Medical Society met in its regular annual session at Nashville, April 30 May 1 and 2. The Secretary, Dr. D. E. Nelson, of Chattanooga, at his desk.

The treasurer reported \$160.68 in the treasury. Much attention was paid to legislation, and it was reported to the Society that as the results of forty years' labor the Legislature had at last been persuaded to pass a law regulating the practice of medicine. Though this was far from perfect, yet it was a great gain, and all should give it their hearty support. The following gentlemen were recommended to the Governor for appointment as a Board of Examiners: Dr. S. C. Deadrick, Knoxville; J. S. Murfree, Murfreesboro; D. D. Saunders, Memphis. A resolution requesting the Legislature to pass the bill now pending requiring the registration of births and marriages was passed.

Election of officers resulted as follows: Dr. Duncan Eve, Nashville, President; Drs. Henry Berlin, Chattanooga, James S. Neil, Marshall, and J. P. S. Walker, of Dyersburg, Vice-Presidents; Dr. E. D. Nelson, of Chattanooga, Secretary, and Richard Cheatham, of Nashville, Treasurer. The next meeting will be held at Memphis, the second Tuesday in April, 1890.

The Times and Register

A Weekly Journal of Medicine and Surgery.

New York and Philadelphia, May 18, 1889.

WILLIAM F. WAUGH, A.M., M.D., Editor.

REPRESENTING THE
PHILADELPHIA MEDICAL TIMES.
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JABORANDI IN ERYSPelas.

THIS drug was recommended some years since, as a specific for erysipelas. It has been used extensively, and the reports, obtained from a number of physicians in all parts of the country were almost uniformly favorable. Occasionally a failure occurred, but this was attributed to the inferior quality of the drug employed. For over two years it was given for every case of erysipelas which occurred in the writer's practice, without a failure or, indeed, any unfavorable action.

During the past winter, however, a failure occurred, under circumstances which render it desirable that a record should be made of the case. The patient was a lady, aged sixty years, of good constitution, but broken in health, as a result of long-continued malarial toxæmia, and with a very feeble heart. She had had some edema of the lower extremities for some months. An attack of erysipelas occurred, beginning on the neck and spreading over the face and to the scalp. Several bullæ formed on the cheek, and the eyes were closed for several days. Withal, there was but little fever, the eruption was not vivid, nor was it painful. The condition was one of great depression, mental and physical. From the outset, she was given the fluid extract of jaborandi, in doses ranging from twenty drops to one fluidrachm. Digitalis was also given in such doses as the condition of the heart required. The effect of the jaborandi upon the erysipelas was almost nothing. In spite of as large doses as the patient's condition warranted, the disease spread continuously. Nor was the ordinary action of the drug upon the perspiration and the saliva manifested in the usual manner. Even doses of a drachm produced but slight increase of these secretions. The patient recovered rapidly when iron was given in full doses, and also applied locally.

In a subsequent case, occurring in a woman, thirty-five years old, of robust frame, the erysipelas presented the same characteristics, but was somewhat more acute

in its development. It was not until doses of two fluidrachms of the jaborandi were administered that free diaphoresis and salivation were induced; but that proved the death-blow of the erysipelas. The woman recovered in a week.

In regard to the first case, it is uncertain whether the failure was due to the poor quality of the drug, or to the condition of the patient. The latter appears to be the most probable supposition; and this is strengthened by a report received from a California physician, who had several failures with jaborandi in cases whose description coincides with that given above. If this be verified by more extended experience, the observation will prove almost as valuable as the original discovery of the virtues of jaborandi in erysipelas; as an important contra-indication will be thereby established. It is much to be regretted that the continuous introduction of new remedies leaves the profession little opportunity to thoroughly investigate the properties of one, before it is thrust aside and forgotten.

MODERN MATERIALISM.

A CHARACTER in "Robert Elsmere" says: "In my youth men talked of Ruskin; now they speak of drains." The Baconian philosophy embodies the spirit of the present age. Utility is the cry; speculative philosophy is at a discount. Fine-spun theories concerning the nature of disease, and those high-sounding terms with which we once cloaked our ignorance, have given place to the practical employment of the senses, and rational deductions therefrom. "Epidemic influences," "visitations," "atmospheric constitutions," etc., are fast following demoniac possession and witchcraft down the road that leads to oblivion. It really seems at last that man has concluded to open his eyes and look about. Plumbers tell us that what we call sewer gas, and blame on the lack of ventilation of sewers, is often derived from deposits of filth situated in the bend of the pipe just under the water-closet seat; deposits which can be easily removed. "The waters of affliction come from the family well." Malaria is a myth; a name given to the results of bad ventilation, bad housekeeping, or bad plumbing. Typhoid fever and diphtheria are not visitations of Providence; they are indications of the neglect of home hygiene, and indicate not so much the exhibition of drugs as an investigation of the water supply. Epidemics of cholera and yellow fever are not evidences of God's wrath on account of national wickedness (natural as that deduction appears), but the inevitable result of neglect of public hygiene; a result which can be foreseen and prevented whenever a community shall have advanced sufficiently in the scale of civilization to appreciate and take home to their daily lives the truths of sanitary science.

In this development no single element has contributed so greatly as the general acceptance of the germ theory. The ready explanation which it gave

of many hitherto mistily comprehended phenomena not only brought scientific minds down from the cloud-lands of speculation to a solid bed rock, but it harmonized so aptly with the little sum of true knowledge possessed by the uneducated masses that its general acceptance was instantaneous.

Like the Darwinian theories, it furnishes an illustration of that wonderful allegory in "Wilhelm Meister," where the child who had no skill in laying stones to form pictures, finally brought one which, placed at the intersection of many converging lines, suddenly unified the whole system and developed the design.

DR. WILLIAM W. KEEN has been elected to succeed the late Dr. S. W. Gross as Professor of Surgery in Jefferson Medical College. This will be received with pleasure by the many friends of Jefferson and of her new Professor. Eighteen years ago Dr. Keen's brilliant lectures filled the old Chant Street School of Anatomy to overflowing; and many, like the writer, acknowledge the debt they owe to Dr. Keen for his thorough teaching of anatomy. To those who have not had the pleasure of hearing him recently, we can say that the lapse of years has only matured his ability as a teacher. He comes to this high position in full vigor, and at a specially advantageous time, when the advance in her medical course marks a new era in Jefferson Medical College. No fitter selection could have been made.

Annotations.

AT THE FOOT.

WE remember once to have had a schoolmate who managed without much difficulty to keep his place at the foot of the class; and he was rather proud of it too, since it was the most conspicuous position next to that of the head.

Spain easily maintains her position at the foot in nearly every branch of progress pursued by the great class of civilized nations, so we are not much surprised to read the letter in the *British Medical Journal*, written by an English medical superintendent, recounting a visit to a Spanish insane asylum. "The first thing that greeted me," he says, "upon entering was a decidedly suspicious whip, to which were attached five or six lashes; this lay in a very conspicuous position in the attendant's room at the entrance."

He further states that the building was of the crudest description, with no furniture except benches around the walls. In that portion of the building devoted to dangerous patients he found only one occupant. "The ponderous bolts having been withdrawn, the door of his cell was opened and revealed him in an absolutely nude condition; his sole bedding consisting of a loose litter of straw, from which he arose at our appearance, and came forth with an inane smile to shake hands. On his emerging from the straw, I noticed that he had a pair of iron anklets

securely riveted on his ankles behind, and attached to each anklet was an iron ring, through which a heavy bar of iron passed; so that in endeavoring to walk, he could not move one foot more than six inches before the other, and that with difficulty. I have no doubt the man may have had occasional periods of excitement, but as far as I could see, he appeared to be a very harmless dement."

ARE THERE ANY "ALLOPATHS"?

NEARLY every medical journal has printed the important opinion given by Judge Barrett, to the effect that a homeopathic physician has no legal right to make use of other than homeopathic remedies without full agreement with his patient. The learned judge makes use several times in the course of his letter of the terms "allopathist," "allopathy" and "allopathic," being doubtless much better versed in the history of law than in the history of medicine, else he would know that the "allopathists" were a small class of presumed physicians who died out some hundreds of years since, and that the title of those whom he designates as "allopathists" is properly "regular physicians," men who are graduates of a regular medical college, and who are not supposed to practise according to any "pathy," school or dogma, but who, for the relief of disease, make use of any of or all the abundant stores of knowledge and remedies gained through the ages, whether by accident, by empiricism, by theory, or by scientific investigation.

THE DENTURE OF THE FUTURE.

IN the course of an article in *Items of Interest on Teeth from a Zoological Standpoint*, we notice this sentence: "Civilized man with his cooked food and knives and forks, has little or no use for projecting canines or cutting teeth, and the man of the future will doubtless have less teeth than we have." This is, of course, the scientific way of looking at the matter. It is in accordance with one of the great principles of evolution—if an organism has no further use for a certain part, that part atrophies, and in time is wanting. If posterity will not use their incisor teeth in taking bites, these teeth will disappear; just as the canines are now waxing less, from the fact that we do not have to make a meal off our neighbor's cat, tearing it loose from limb after the manner of our blue-blooded prehistoric ancestors. If these teeth, however, shall in the future be counted among the missing, our descendants will hardly be winsome looking to our spiritual eyes, especially when they smile, and the small boy will not be able to whistle through his teeth.

But we do not take this gloomy view of futurity with its apprehended dental gap; and although it would doubtless please the heart of many a young mother to hear that the "coming man" will not have to go through the trying process of cutting his eye teeth, mature deliberation has convinced us that this famous man will not present anteriorly two smooth Venetian-red gums, but that these gums will be armed with teeth, big molar teeth, each with four roots and five cusps.

This prophecy is based upon another great modern biological principle—the survival of the fittest. Man kind is naturally gregarious ; and as the years go by the tendency is noticed to become more and more strong for them to congregate in the large towns and the great cities. Many in these large places eat at restaurants.

Those who dine at home, who fare sumptuously every day on liquid soups, soft entrees, tender meats, succulent vegetables, and the like, must, in the course of time, under our first great principle, degenerate into a class of beings having few or no teeth, because there is no use for such organs.

These foods being easy to digest will give the stomach an easy time of it, so that this valuable organ is likely to grow lazy and worthless, and in the end our sumptuously fed people will be served with foods, each dressed with its appropriate digestant ; pepsin, pancreaticin, ingluvin, oxgall, or what not, and they will be a weak and puny set.

Not so with the restaurant-fed man ; he toils while earning his quarter, and he sweats while eating it up. His masseters stand out like columns on his face, and his temporals are as the wings of a dragon. His molars must come together with the resistless power of a hydraulic jack, ere his beefsteak is impressed. Even after the expenditure of enormous muscular effort that bite is only imperfectly masticated, and his gastric juice and his pancreatic juice and his bile must be of well-nigh poisonous strength before they are able to separate the coherent molecules of that leathery mass. There will be grants in those days. Evolution is a slow process, but the restaurant feeders will, in the course of ages, develop into a race that will have nothing but molars all the way around, as many sets as the individual may require, and each separate tooth formed of irresistible adamant.

THE OLDEST BOOK IN THE WORLD.

PROBABLY the perusal of no other book of its length would give one so just a conception of the mutations of ages, as that of the little book with the title given above, (*Bibliotheca Sacra*). Without entering into arguments in proof, it seems shown that this work was written fully two thousand years before the Christian era, and is the oldest production in the form of a book extant. It is by the hand of one Ptah-hotep, a high dignitary at the king's court, a man who had reached the great age of one hundred and ten ; and while passing his latter days in private life, he wrote these valuable precepts, addressed principally to his son. By these writings we find that the Egyptians must at that time have attained to an astonishingly high degree of culture both in society, ethics, and religion.

The machinery of government was seemingly as complete as it is at present in any country ; departments of various kinds existed with their chiefs and subordinates ; and the extent to which literature was cultivated may be conjectured by the fact that there was an official with the title of "Governor of the House of Books."

Several of Ptah-hotep's precepts are startlingly like

those we are familiar with, from Solomon, of much later date. For instance,

If thou are among persons who are sitting down to eat at the house of one greater than thyself, take what he gives thee, bowing low. Look at what is before thee, bowing profoundly. Look at what is before thee ; do not look at it frequently ; he is blameworthy who breaks this rule.

Compare Proverbs, Chap. XXIII, I.

When thou sittest to eat with a ruler, consider diligently what is before thee.

We are also surprised to find the venerable author referring to the deity almost without exception in the singular number.

If thou humble thyself in obeying a superior, thy conduct is wholly good before God.

And,

If thou art a wise man, train a son who will be well pleasing to God.

His conception and the conception of his contemporaries of an overruling power, at that far distant time, long before even Abraham lived, must have been much higher than we had imagined.

Is it not singular that these laws, customs, culture and refinements should have disappeared so utterly from the country that gave them birth ; to be followed long after by the brilliant civilization of the Greeks, and then its collapse ; afterwards the Roman civilization, of hardly less lustre ; and it in time passing out of existence. Can it be that history will still repeat itself, and that at some future time the world will again be inhabited by hordes of barbarians ?

TASTELESS QUININE.

HERE is a firm now manufacturing and widely advertising in this country a "tasteless quinine," which tasteless quinine, says the *Druggists' Circular*, is tasteless simply because there is no quinine in it. Careful analysis has shown this, and yet at least one medical man has not hesitated to commend this preparation. Physicians should be very guarded about attesting the virtues of a composition, the real constitution of which they are ignorant.

"DR." OR NOT.

THE *British Medical Journal* contains several letters each week on this well-worn subject : who shall or who shall not be allowed to add the title "Dr." to their name ? Some think that these should have it, and others are quite sure that those should not. In fact, so many suggestions have been offered that we have gotten lost, and in despair offer one ourselves—namely, that they imitate our example, and grant the title to each one who is licensed to practise medicine.

AT a meeting of the Anatomical Society of Nantes, Prof. Laennec exhibited specimens of a case of cerebral syphilis, which had developed sixty years after the appearance of the chancre.—*Gazette Medicale de Nantes*.

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About the time of the fall she noticed that she required large draughts of water to quench her unusual thirst, and also that a large amount was voided during the night. This state of affairs has been going on continually ever since; and at the time I first saw her, about one month since, she was taking one gallon every night and voiding two gallons before morning. No account has ever been taken of the water drank during the day. Since she has been drinking so much she has improved in weight; health and appetite are good.

Such was her condition when I first saw her. I gave her ergot fluid extract, 5i. t. d., with no apparent result; I then put her on ergotine and zinc valerianas in capsules. This she has been taking for three weeks with the report that she feels better now in every way, not so irritable, etc.; but there is no diminution of the thirst. She takes medicine with many protests, and I am at my wit's end now what further to do.

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This line of treatment, though there occurred one or two hemorrhages from the bowels, was continued until January 11, when I, with my father, were called in consultation to see the case. We found the man greatly emaciated, prostrated upon bed, pulse 120°; range of temperature from 2½ to 3½ degrees above normal; tongue dry, fissured and exceedingly red. A pus cavity extended from left axilla obliquely downward to the seventh intercostal space. For thirty days had this abscess been forming until now the pyogenic membrane was entirely upon the pleura. The drainage was a small pin-hole outlet in the axilla. The pus had not found its way into the pleural cavity, probably because it was corralled by a pyogenic membrane. We made free incisions into the third, fifth and seventh intercostal spaces, then with a fountain syringe, thoroughly washed out the cavity with warm carbolized water, as well as possible, and with a 1-1000 bichloride mercury solution, dressed with iodoform and absorbent cotton, and gave internally syr. iodide of iron.

Two days afterwards I found large quantities of pus were continually discharging, and that he did not tolerate well the syrup iodide of iron. Put him upon Goodell's four chlorides; continued the washing with the carbolized water. Instead of the mercuric solution gave:

R.—Balsam Peru	3 ij.
Olive oil	3 ij.
Iodoform	3 j.—M.

Sig.—With a small ear syringe fill the cavity, and wait for its own drainage; continue the iodoform dressing.

Left the patient now in the hands of his former physician.

On the 27 of January was requested to take charge of the case. Found the patient had improved for a few days since my last visit. Now has increased pulse rate, a higher temperature, no diminution in quantity of pus discharged, more emaciated, with gloomy forebodings. I continued the carbolized water, substituted listerine for the balsam Peru, and resumed for a few times the mercuric solution. Put him now upon the vegetable alteratives, adding iodide potassium x. gr. every four hours. I should have said that he was fed with nourishing food to the full capacity of the digestive organs, and yet we could not lessen the discharge, nor build up muscular strength. We continued the carbolized washings, kept all openings free, and stopped the listerine, prescribing instead tincture iodine, but with no better results.

By this time, February 17, we had gained nothing. The nervous centres flag, the mind succumbs, and dementia follows; the kidneys respond slowly, a large quantity of muco-purulent matter deposits in the urine. In a word, the patient is given up by anxious friends.

A fearful cough supervenes, large quantities of pus are expectorated. The pyogenic has given away, and we have the chest wall filling up with pus.

We now tried this plan of treatment:

R.—Sulphite calcium	gr. 1/4.
Sig.—Every four hours.	

R.—Iodide of potassium	gr. xx.
F. E. sarsaparilla	3 j.
F. E. snake root	gtt. iij.
F. E. stillingia	3 j.—M.

Sig.—One dose every two hours.

R.—Lithiated hydrangea	3 j.
Benzoata of soda	3 ij.
Acetate of potash	3 j.
F. E. pareira brava	3 j.—M.

Sig.—Teaspoonful, repeated every two, four, or six hours, as required to stimulate kidneys.

R.—Syr. sarsap	3 ij.
F. E. wild cherry	3 iv.
F. E. serpentaria	3 j.
Sulp. morphia	1/2 ij.
Simple elixir	3 iv.—M.

Sig.—Teaspoonful as required to check cough.

The washing out of the cavity was kept up at regular intervals followed with a strong solution of Labarraque's solution of chlorinated soda, which acted like magic in destroying the pyogenic microbe. The other remedies responded to their utmost. The system reacted, the man was saved; to-day, April 8, is visiting friends.

Query: Was it pyæmia or anaemia of the brain that caused the dementia? Was there any connection between the muco-purulent deposit in the urine, and the formation of pus in the pus cavity?

J. E. MILNER, JR., M.D.

COMANCHE, TEXAS.

Book of epidemic diphtheria was also used with very good results, and LECTURES ON NERVOUS DISEASES, in the treatment of epidemic diphtheria cannot be displaced in NEY, A.M., M.D., Professor of the Nervous Diseases in *Medizinal Zeitung*.

uate Medical School and Hospital. Davis, 1888. Pp. 775. Price, \$5.50. *Med.*) gives the following work as the title indicates, is not had a neurotic condition of a course of lectures, but they are elaborated for the purpose of publication, alternating book has rather the character of a distinct series of The author, however, does not purpose writing to only the specialist, the pathological anatomist, or skilled histologist, but rather for the busy practitioner for him who has not the time to devote to the more abstruse and recondite matters relating to a single aspect of disease, but only enough to employ in studying its purely practical signification. To this end we think the author has arranged his matter and chosen his illustrations most admirably. Of the latter there are one hundred and ninety-two, nearly all in colors, and all neatly finished with the exception of several showing the application of electricity, which are rather crude. The plates illustrating pathological changes and the nervous relationship of different facts are chiefly diagrammatic, rendering the context more clear to him who is not especially skilled in this branch. We also commend the author's practice of giving macroscopic drawings of the appearance assumed by the body and by various parts, in consequence of different diseases, instead of filling the pages with microscopical illustrations of the different degenerations, and alterations in ganglia, nerve roots and nerve terminations. The figures are in harmony with the text.

The first section is devoted to "Anatomical, Physiological, and Pathological Deductions Respecting the Nerve Centers of Man." In this section diagrams are given showing the relationship between the various components of the nerve organism, if we may so call it; and also the parts affected in the various diseases, beginning at the cortex and going down.

Part second: "Clinical Examination of Patients Affected with Nervous Diseases."

This section seems to us to be exceptionally valuable. It is so clear, that it leaves little to be desired. With regard to the difficulty of making a diagnosis in nervous diseases the author says: "The majority of practitioners apparently join in the feeling (which happily conduces largely to the benefit of specialists in neurology) that nervous anatomy and physiology is too complex a study for them to master; and that they must be therefore given over to those who are devoting themselves particularly to the department of nervous diseases. While this is true in part, I believe that it is not only possible, but comparatively easy, for any medical practitioner who is willing to make the necessary effort, to grasp certain general principles which are applicable to the examination of cases afflicted with nervous diseases. The subject of arriving at a diagnosis is then discussed under three heads, each thoroughly treated:

1. The clinical history of the patient, and how to record the chief symptoms of each case.

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Sig.—With a small ear syringe fill the cavity, and wait for its own drainage; continue the iodoform dressing.

Left the patient now in the hands of his former physician.

On the 27 of January was requested to take charge of the case. Found the patient had improved for a few days since my last visit. Now has increased pulse rate, a higher temperature, no diminution in quantity of pus discharged, more emaciated, with gloomy forebodings. I continued the carbolized water, substituted listerine for the balsam Peru, and resumed for a few times the mercuric solution. Put him now upon the vegetable alteratives, adding iodide potassium x. gr. every four hours. I should have said that he was fed with nourishing food to the full capacity of the digestive organs, and yet we could not lessen the discharge, nor build up muscular strength. We continued the carbolized washings, kept all openings free, and stopped the listerine, prescribing instead tincture iodine, but with no better results.

By this time, February 17, we had gained nothing. The nervous centres flag, the mind succumbs, and dementia follows; the kidneys respond slowly, a large quantity of muco-purulent matter deposits in the urine. In a word, the patient is given up by anxious friends.

A fearful cough supervenes, large quantities of pus are expectorated. The pyogenic has given away, and we have the chest wall filling up with pus.

We now tried this plan of treatment:

R.—Sulphite calcium gr. 1/4.

Sig.—Every four hours.

R.—Iodide of potassium gr. xx.

F. E. sarsaparilla 3j.

F. E. snake root gtt. iij.

F. E. stillingia 3j.—M.

Sig.—One dose every two hours.

R.—Lithiated hydrangea 3j.

Benzoata of soda 3 ij.

Acetate of potash 3j.

F. E. pareira brava 3j.—M.

Sig.—Teaspoonful, repeated every two, four, or six hours, as required to stimulate kidneys.

R.—Syr. sarsap 3 ij.

F. E. wild cherry 3 iv.

F. E. serpentaria 3j.

Sulp. morphia 3 ij.

Simple elixir 3 iv.—M.

Sig.—Teaspoonful as required to check cough.

The washing out of the cavity was kept up at regular intervals followed with a strong solution of Labarraque's solution of chlorinated soda, which acted like magic in destroying the pyogenic microbe. The other remedies responded to their utmost. The system reacted, the man was saved; to-day, April 8, is visiting friends.

Query: Was it pyæmia or anæmia of the brain that caused the dementia? Was there any connection between the muco-purulent deposit in the urine, and the formation of pus in the pus cavity?

J. E. MILNER, JR., M.D.

COMANCHE, TEXAS.

Book Reviews.

LECTURES ON NERVOUS DISEASES. By AMBROSE L. RANNEY, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous Diseases in the New York Post-Graduate Medical School and Hospital. Philadelphia: F. A. Davis, 1888. Pp. 775. Price, \$5.50.

This work as the title indicates, is mainly a compilation of a course of lectures, but they have been so elaborated for the purpose of publication that the book has rather the character of a distinct treatise. The author, however, does not purpose writing for only the specialist, the pathological anatomist, or the skilled histologist, but rather for the busy practitioner, for him who has not the time to devote to the more abstruse and recondite matters relating to a single aspect of disease, but only enough to employ in studying its purely practical significance. To this end we think the author has arranged his matter and chosen his illustrations most admirably. Of the latter there are one hundred and ninety-two, nearly all in colors, and all neatly finished with the exception of several showing the application of electricity, which are rather crude. The plates illustrating pathological changes and the nervous relationship of different facts are chiefly diagrammatic, rendering the context more clear to him who is not especially skilled in this branch. We also commend the author's practice of giving macroscopic drawings of the appearance assumed by the body and by various parts, in consequence of different diseases, instead of filling the pages with microscopical illustrations of the different degenerations, and alterations in ganglia, nerve roots and nerve terminations. The figures are in harmony with the text.

The first section is devoted to "Anatomical, Physiological, and Pathological Deductions Respecting the Nerve Centers of Man." In this section diagrams are given showing the relationship between the various components of the nerve organism, if we may so call it; and also the parts affected in the various diseases, beginning at the cortex and going down.

Part second: "Clinical Examination of Patients Affected with Nervous Diseases."

This section seems to us to be exceptionally valuable. It is so clear, that it leaves little to be desired. With regard to the difficulty of making a diagnosis in nervous diseases the author says: "The majority of practitioners apparently join in the feeling (which happily conduces largely to the benefit of specialists in neurology) that nervous anatomy and physiology is too complex a study for them to master; and that they must be therefore given over to those who are devoting themselves particularly to the department of nervous diseases. While this is true in part, I believe that it is not only possible, but comparatively easy, for any medical practitioner who is willing to make the necessary effort, to grasp certain general principles which are applicable to the examination of cases afflicted with nervous diseases. The subject of arriving at a diagnosis is then discussed under three heads, each thoroughly treated:

1. The clinical history of the patient, and how to record the chief symptoms of each case.

2. The symptoms revealed to the physician by his sense of sight.

3. The symptoms revealed to the physician by instruments of various kinds and other tests.

The third section treats of "Diseases of the Brain and its Envelopes." The different diseases are here taken up in order with their morbid anatomy, etiology, symptoms, diagnosis, prognosis and treatment.

A number of diseases likely to be confounded are carefully distinguished by separate and elaborate differential diagnosis.

Section four: Diseases of the Spinal Cord and its Envelopes.

Section five: Functional Nervous Diseases. We notice that the author lays great stress on reflex irritation from strain on imperfect eyes as a potent factor in the causation of many cases of functional nervous diseases; even going so far as to say with regard to migraine: "For many years I have taught in my lectures that I had yet to meet a case of typical migraine in which an examination of the eyes or the eye-muscles would not show the existence of a marked error. All observations to date confirm me in this view. Latent hyperopia is an extremely common cause of reflex disturbance in these cases; and esophoria or hyperphoria are not infrequently found."

In the sixth section are considered the Toxic and Unclassified Nervous Diseases," such as hydrophobia, multiple neuritis, chronic lead poisoning, arsenic paralysis, and the like.

The final section is devoted to "Electricity in Medicine." The author devotes over a hundred pages to this subject, first describing the different kinds of electricity, next the mode of construction of the different apparatus, and finally giving ample directions for the proper application of the several kinds; and, in fact, full information on all points connected with electro-therapeutics. A number of diagrams showing the various motor points, and a good index complete the contents of the volume.

Dr. Ranney may congratulate himself by the thought that in this excellent work he has added something valuable and lasting to the bibliography of nervous diseases.

THE ETIOLOGY, DIAGNOSIS, AND THERAPY OF TUBERCULOSIS. By PROF. DR. H. VON ZIEMSEN. Series III, Physicians' Leisure Library. Detroit: George S. Davis. Price, 25 cen s.

This is an attractive looking, neatly printed little paper bound volume of 118 pages, being in substance a course of lectures delivered by the author. The book is divided into three parts in accordance with the title; part first treating of the etiology, in which, by the way, we notice that von Ziemsen believes in the hereditary transmission of tuberculosis; part second, diagnosis; and third, treatment. He considers fresh air of the greatest importance both in prophylaxis and in treatment, citing the fact that 50 per cent. of the deaths of nuns are from tuberculosis, and that from three to ten times as many prisoners die of the same disease, relatively speaking, as do ordinary people.

Gleanings.

LUVS reports a case of paralysis agitans in which considerable amelioration followed treatment by hypnotism, with rotary mirrors.

M. BOISSEAU DU ROCHER has treated many patients affected with constipation in the following manner: He prescribed two spoonfuls of effervescent citrate [?] before each meal; then he galvanizes the intestine two hours after breakfast, terminating by a general static electric séance. Ten séances effect a cure.—*La France Méd.*

Int-Puncture for Internal Hemorrhoids.

A. R. SMART, M.D. (*Toledo Med. and Surg. Reporter*), advocates igni-puncture for internal hemorrhoids. After forcibly dilating the sphincters, the base of each tumor is perforated one or more times by a wire of the size of a knitting needle, heated to a dull red. The patient is put to bed for from five to seven days after the operation, and on the second the bowels are opened with a gentle enema. In four or five weeks hardly a trace of the tumors will be found; no loss of tissue and subsequent contraction; only small indurations, which will subsequently disappear.

ATHLETES AND ATHLETICS.—Irving Ross, M.D. (*Jour. Am. Med. Assoc.*), holds that the popular opinion as to the danger to health and life connected with great muscular exertions is in the main fallacious. He has never found a case of hernia caused by over-exertion, though he has known many hundreds of athletes. He maintains that they are not more subject to aneurism and heart disease than other people; that instead of having their lives shortened they are, as a rule, a rather long lived class, citing a number of noted examples in proof; that where disease or death does come early it can generally be shown to be due to free indulgence of gross appetites and indulgences; in short, "that all the manly sports should be encouraged and fostered with a view to promote qualities that intimately concern not only the happiness and usefulness of individual life, but also the good of society, and the future of the human race."

MANIA AND MELANCHOLIA FOLLOWING GYNECOLOGICAL OPERATIONS.—Dr. T. G. Thomas reported in a paper before the New York Academy of Medicine six instances in which acute mania or melancholia followed these operations: removal of ovaries, one; of breast, two; of abdominal tumor, one; perineorrhaphy, two. The last two cases died within three weeks after the operation, one in acute mania, the other in acute melancholia; of the two breast cases, one died within two weeks in acute melancholia, the other is still violently insane; the case of abdominal tumor died in eight days, maniacal; and the patient whose ovaries were removed recovered entirely, though after a period of confinement in an insane asylum. In four out of these six cases there was evidence of eccentricity before the operation.

POSITION OF THE VULVA IN NEGROES.—Weiss (*Revista de Cienc. Med.*) states that extended observations show the vulva of negro women to be about two centimetres farther back than that of Europeans. The low position of the vulva is very rarely seen in white women; while in negroes he did not find any instance in which the vulva occupied the same position as in whites. The most important result is that with negroes the period of perineal distension during parturition is much shorter and less painful than with their white sisters.

A NEW TREATMENT OF EPIDEMIC DIPHTHERIA.—Dr. Arthur Hennig reports excellent results in the treatment of diphtheria by the use of lime water as a gargle, taking a swallow of two and a half to five drachms every quarter or half hour, according to the severity of the case, and by the local use of the ice bladder.

If the patient cannot gargle, he gives lime water in sufficient quantity internally; or, having the patient bend his head backwards, pours lime water in his mouth and then shakes his head in all directions. This procedure is to be continued until the spreading of the false membrane can be stopped and it can be seen to loosen.

When a child cannot gargle, and will not take the lime water internally, he used a steam atomizer (Richardson's), of such construction that it can be used in inspiration only; if used in expiration the carbonate of lime might be precipitated.

He gave as much as three quarts of lime water a day during the disease without bad result; but to prevent the lips from becoming sore, he rubbed them several times a day with vaseline.

Sometimes he ordered chlorate of potash internally, but never as a gargle, and always on a full stomach. When the fever is very high he gives anti-thermic remedies, such as antipyrin and antifebrin.

The ice he puts in the oesophagus of an ox or a cow, about ten to twelve inches long, which will reach from one ear to the other. The ice bag, made up in the above manner, is wrapped in a cloth and put about the neck of the patient. The patient under this mode of treatment not only feels comfortable, but the body temperature also falls considerably. The pulse becomes more frequent, swallowing easier, and the exudation less. The application of the ice is persisted in until the patient complains of being cold, or of burning in the throat, which generally is on the sixth or seventh day. By this time the membranes are loose and thrown off in shreds, and the new formation of epithelium started.

Among ten hundred and fifty-four cases treated during ten years by this antiphlogistic method, not a single instance of a bad result, on account of the treatment, was noticed.

As a diet, milk is the best, then beef-tea; meat which is easy to digest may be given sometimes for a change.

As soon as the patient feels well enough, he lets him get up and walk about, especially if a child, and such cases are generally of shorter duration and without sequelæ.

The chronic form of epidemic diphtheria was also treated by this method with very good results, and he thinks that lime water cannot be displaced in efficacy by any other drug in the treatment of epidemic diphtheria.—*Deutsche-Medizinal Zeitung*.

HYSTERIA.—Janet (*La France Méd.*) gives the following singular case: The patient had a neurotic history, embracing chorea, anaesthesia, hemichorea and hemianesthesia, and hysterical crises, alternating with paroxysms of somnolence. At twenty years of age she was seized with anorexia, which increased to an absolute dysphagia. The sight of a cup of water brought on violent efforts at vomiting, lasting many minutes. For fifteen months she was nourished by the sound, but as nearly all the food thus taken was soon vomited, she became quite feeble. The urine had to be drawn, she became paralytic, and her emaciation was extreme. She proved an easy subject for hypnotism, and was readily thrown into a somnambulistic state, in which the dysphagia disappeared completely. She was thus fed daily with two full meals of chicken, soup, eggs, and beer. This was kept up for eighteen months, by which time a decided change had taken place for the better; the paralysis disappeared and she grew plumper. But while she appeared to be cured, it was only while hypnotized; when awake she could not swallow a cup of water.

She was then awakened by degrees during the repast, and induced to eat each day while in a state more nearly akin to wakefulness. In three months she was able to eat while fully awake. Four months later the symptoms returned in their original severity. The same means were employed, but instead of hypnotizing her for each meal, she was left in that state for an indefinite period. It was five months before she could quit the hospital, and even then she was unable to eat while awake. She was sent out still in a state of somnambulism.

The inconvenience of this method is that she has no recollection when awake of what has passed during her trance. When awakened, she takes up the consciousness of the day and hour when she last fell asleep. In fact, in this woman there has been created a double existence.

THE IDENTITY OF ERYSPelas AND ACUTE LYMPHANGITIS.—MM. Verneuil and Clado, after making some careful investigations, form the following conclusions:

1. Erysipelas and lymphangitis are only two forms of one and the same contagious, infectious, and parasitic disease.
2. Their agent is a special microbe, easy to recognize and to isolate, to cultivate and to inoculate in animals.
3. This microbe, discovered and described in erysipelas alone, is found in lymphangitis with its characteristics and properties complete.
4. The absolute identity of both cause and nature of the two diseases is established definitely, although considered by many authors as distinct.—*La France Médicale*.

ELECTRICITY IN DISEASES OF THE BRAIN AND VASO-MOTOR SYSTEM.—L. C. Gray, M.D., in *New York Medical Journal*, divides diseases of the brain with respect to electrical treatment into the insanities and the gross cerebral lesions. Subacute mania, melancholia, the insanity of doubt, and those other various morbid fears and fancies—functional insanities, can all usually be benefited by electricity, but only in the period of convalescence. Of these meloncholia will best respond to treatment, mania next, while the benefit in the insanity of doubt and the functional insanities will vary greatly. Electricity is of no use in brain tumors, in meningitis of traumatic or epidemic or aural origin, or in facial hemiatrophy. Along with other treatment it is serviceable in intra-cranial syphilis, in the early stage of headache and insomnia. *Tic douloureux* is uncertain in its response. The form of electricity used is important. Static electricity is of no value, and the Holtz machine is simply an imposing toy that may have a temporary effect on impressionable people of hypochondriacal or hysterical tendencies. The insanities, as a rule, require treatment only to the intra-cranial contents, and that is best done by the galvanic current. The gross cerebral diseases produce two great classes of symptoms, those that are entirely cerebral and those that are both cerebral and peripheral. In the former, galvanism to the intra-cranial contents, and in the latter, galvanism to intra-cranial contents whilst faradization of affected peripheral structures. Galvanism is applied by putting one electrode upon the nape of the neck, and the other on the forehead. Begin with very light current and gently increase to one or rarely to than two milliamperes. Three minutes is long enough for the first sitting. Gradually decrease strength of current, then remove electrodes. In spite of all that has been said, the author after sixteen years' experience has not been able to notice any therapeutic difference between the poles; if one pole does not agree, he tries the other; if that does not he stops the electricity.

PHENACETIN.—Dr. James G. Kiernan, M.D., of Dunning, Ill., speaks thus of Phenacetin in the *Medical Standard* for April: "While it is quite as powerful as methozin and acetanilid, it does not cause the pain in the stomach, nor the scarlatiniform rash of the former; nor does it give rise to the cyanosis of the latter, however prolonged may be its administration, and though Dujardin-Beaumetz has given it for months, in doses of 1-2 grammes per diem, there have never been observed bad effects. He has used it in every form of pain (neuralgia, migraine, rheumatic pains, muscular rheumatism, acute articular rheumatism, the lightning pains of tabes, etc.,) with the best results. Further, in cases of hysteria, and of hysterical or neurataxic pains, phenacetin has seemed to produce better effects than bromide. It calms the excitability of the nervous system, and in some obstinate cases of nervous insomnia it procured sleep. Phenacetin seems not only an analgesic but a hypnotic.

I have tried phenacetin (para-acet-phenetidin) in ten cases of migraine. Of these, three were epilepti-

form, arising from coarse brain disease, tumors, cerebral abscesses, etc. Here the drug given in five-grain doses four times daily, had excellent effects as regards the pain. The migraine was, however, replaced by fits of temper (the patients were children).

In the other cases there were temporarily beneficial effects. In two of these cases (the patients had a neurotic ancestry), a scarlatiniform rash made its appearance twice on the use of five-grain doses. It desquamated rapidly, and was noticed only after the first two doses. In trifacial neuralgia, phenacetin was often of value, when supplemented by constitutional treatment, where diathetic conditions were present. Constitutional treatment without the phenacetin did not give good results.

In a few cases of insomnia, resulting from simple exhaustion, phenacetin in ten-grain doses proved to be a valuable hypnotic. It failed in the excited states of mania and melancholia. In a few cases of agitated dementia, there was a temporarily beneficial hypnotic effect. The fulgurant pains of locomotor ataxia were temporarily relieved. In two cases of fever, cyanosis and excessive sweating were observed to result from five-grain doses.

In my judgment the scarlatiniform rash, cyanosis and excessive sweating must result in predisposed cases from any hypnotic or antipyretic which exercises its action through the nervous system. To be efficient, drugs must exercise powerful action on certain centers, and in defective nervous systems, these drugs must produce effects which take the line of the least resistance."

THE GYNECIC ELEMENT IN PSYCHIATRY.—C. A. Reed, M.D., in *Buffalo Medical and Surgical Journal*, holds that mental disturbance and actual insanity in women are much more frequently due to some lesion of the genital apparatus than is generally supposed. He believes that there are to-day, in our asylums, many female patients confined, whose condition under proper treatment for the local lesion might be greatly ameliorated or the patients entirely cured. In support of his views he cites a number of cases in his own practice in which insanity or melancholia had developed on account of some menstrual trouble, pelvic tumor, inflammation, or the like, but had disappeared upon curing the local lesion.

The cases he mentions are these: Pubescent mania from delayed menstruation—recovery; melancholia from pelvic abscess—operation—cure; aphasia from cervical stenosis—operation—cure; hystero-epileptic insanity from diseased uterine appendages—laparotomy—cure; puerperal insanity—laparotomy—drainage—recovery. Under the aphasia case the author remarks: "Here was a case in which, viewed entirely from a psycho-neurological standpoint, the lesion would have been located according to Broca, in the third left frontal convolution; or according to Meynert, in the Island of Reil; but viewed from the gynaecological standpoint, the essential lesion so far as the aphasia was concerned, actually existed in the sub-mucous ganglia, which, according to Frankenhäuser, comprise the termini of the uterine nerves."

Medical News and Miscellany.

GERMANY is over-crowded with doctors.

YELLOW FEVER is epidemic at Truxillo, Peru.

DR. B. H. DIEHL has removed to 2151 Park Avenue.

DR. P. S. DONNELLAN has removed to 1028 Arch Street.

DR. J. A. KRUG has located at 2437 North Fifth Street, Philadelphia.

CHILI horses have the epizootic. This makes it chilly for suburban dwellers who rely on street cars.

SMALLPOX and scarlatina make life unsafe in the ancient city of Siena, as well as in many other Italian towns.

SYDNEY J. ARMSTRONG, the surgeon of the Inman Line Steamer City of Paris, committed suicide. He had been drinking.

DURING the past year the Pennsylvania Hospital treated 2363 cases in its wards, 4409 accident cases, and 7616 out-patients.

DRS. CARL FRESE and H. R. Wharton are the Physicians to the new Children's Hospital at the Mary J. Drexel Home.

ON page 17 of the TIMES AND REGISTER, May 4, the name should have been John G. Meachem. Another argument in favor of the typewriter.

ONE thousand Italians landed at Rio de Janeiro and stepped off their vessel into an epidemic of yellow fever. In eight days more than one-half were dead.

A LOUISVILLE physician recommends the douching of children's upper air-passages with creolin solution as a prophylactic during the prevalence of diphtheria.

IN St. Louis, a doctor who was called to see a sick child found a quack at the bedside, whereupon the irate physician kicked the pretender down stairs. The child died.

A CHICAGO doctor says 50 per cent. of the men of that town are crazy, because they get out of their woolens and into pneumonia during this merry month of May.

THE treatment of mental diseases by colors is revived. Melancholy requires red; acute mania, blue. The young love yellow, the color most conducive to growth; while old age prefers the warm red ray.

THE Ohio State Medical Society holds its Forty-fourth annual meeting at Youngstown, on May 22 to 24. Among the principal attractions are papers by A. R. Baker, H. J. Herrick, A. B. Carpenter, H. S. Upson, R. A. Vance, and B. L. Milliken of Cleveland; S. D. Ayres, C. W. Tangeman, A. B. Thrasher, M. Thorner, F. Forchheimer and J. F. Whittaker of Cincinnati; D. T. Gilliam, S. Loving, A. W. Sharp and S. S. Stein of Columbus, and a number of prominent men from Toledo, Zanesville, Akron and other Ohio towns.

NOTES FROM L'UNION MED. DU CANADA.

WHEN patients resist the action of atropine, substitute duboisine.—*Foucher*.

MENTAL distress, especially when due to love, is a powerful cause of chlorosis in young girls.—*Laramée*.

THE angularity of the features is very remarkable in persons suffering from cancer, even while as yet latent.—*Laramée*.

IN chronic parenchymatous nephritis the lumbar pains are generally more intense than in other chronic nephritic inflammations.—*Laramée*.

BEWARE of eserine in certain affections of the cornea complicated with iritis; complete adhesion of the sphincter iridis may result from it.—*Foucher*.

LANPHEAR (*Med. Index*), gives what is the usual final word in regard to remedies for pertussis. He finds antipyrin in certain cases efficient, and in others it has no appreciable effect.

TOBACCO AGAIN.—It is said that ten out of twenty candidates for cadetship at West Point were recently rejected on account of tobacco heart brought on by cigarette smoking.—*People's Health Journal*.

DR. THOMAS FEATHERSTONHAUGH gives a list of sixty-two different ways in which the word pterygium was misspelled by physicians. How many could he have collected if he had taken his own name as the test?

SHRADY has been interviewed again, and now gives us the important news that women meet death more bravely than men.

But, then, women have so much less reason to fear death, their chances in the hereafter being considerably better.

DR. BRYCE, editor and proprietor of the *Southern Clinic*, favored us with a call recently. Dr. Bryce is a typical Virginian, both in his appearance and in the manly way in which he lifts up his voice for the right; even if in doing so he is compelled to disapprove of the acts of his friends.

THE Griffin (Ga.) *News* is responsible for the story of a man who got a cut hand inoculated with cucumber juice and turned into a mass of cucumbers. Mrs. Credulous wonders why the regular physicians never unearth any of these wonderful cases, and she attributes it to their hide-bound dispositions.

Items of Interest tells of a girl, probably from Weighbach, who could not be persuaded to enter the dentist's chair until she had received the most satisfactory answers to her inquiries as to how one was placed in the chair, and how the positions of the patient and the chair were changed after the patient was in it. The explanation satisfied her as far as lower teeth were concerned. "but," said she, "the most of my teeth that need filling are upper ones, and how do you fix the chair to fill them?" It afterwards turned out that a mischievous brother had told her that in order to fill upper teeth it was necessary for the dentist to reverse the chair so as to stand the patient on his head.

THE Attakapas Pharmaceutical Association, at Iberia, La., memorialized the Louisiana State Pharmaceutical Association, setting forth the inefficiency of the so-called Pharmacy law in securing to the people of the state the immunity from peril, that they are entitled to, from the indiscriminate sale and handling, by unqualified persons, of drugs, medicines and poisons as now permitted.

THE Press Bureau of the Chambers Street Hospital, New York, is one of the best organized in the country. From the St. Louis *Globe-Democrat* we learn that a man was brought there with both arms and both legs broken, one of the latter in three places, and internal injuries besides. One arm was amputated at the shoulder and one leg at the hip-joint. The remainder of the man bids fair to recover.

WE notice that Mr. William Torrey Grant, son of Dr. Grant Bey, of Cairo, carried off first-class honors in practical anatomy and second-class honors in theoretical anatomy, in the examination of the University of Edinburgh. It is a well-known fact that distinguished men rarely transmit their talents to posterity; but young Dr. Grant evidently does not propose to be known merely as "the son of his father."

ELECTRICITY FOR SNAKES.—A report comes by way of Germany, that a novel use of electricity has been made in India, for the prevention of the intrusion of snakes into dwellings. Before all the doors and around the house two wires are laid, connected with an induction apparatus. Should a snake attempt to crawl over the wires, he receives a shock of electricity, which either kills or frightens him into hasty retreat.—*Am. Analyst*.

SOFT WORDS.—The New York *World* says that twelve different albums are offered as prizes for smoking cigarettes, and that many a boy under twelve is striving for the entire collection, which would necessitate the consumption of nearly 12,000 cigarettes. All these Satanic influences at work to ruin our boys should spur every parent to redoubled efforts for their salvation.—*Union Signal*.

A FEARFUL RESPONSIBILITY.—In view of the repeatedly demonstrated fact that the death-rate, under homeopathic treatment, in all diseases, is from 10 to 60 per cent. less than under allopathic treatment, the man who enters upon the practice of medicine without practical knowledge of homeopathy takes upon himself the fearful responsibility of unnecessarily sacrificing a large percentage of the lives of those who die under his treatment.—*People's Health Journal*, (Homeopathic).

LEONARD, of Detroit, started the idea of publishing the names of the frauds who obtain credit from medical journals for advertising and then decline to pay their bills, with an impudent, "What are you going to do about it?" The law is a tedious, troublesome, and expensive remedy, and these men know it. But there is another method which they dread, and that is *publicity*. Drs. Leonard and Daniel have rendered medical journalism and honest advertisers a service by exposing these persons.

A DANGEROUS PRESCRIPTION.—A druggist in Minnesota asks the *Am. Drug Clerk's Journal* how the following prescription could be prepared:

R.—Potassii Permangan 3 ss.
Hydrarg. Chlor. Corr. gr. xv.
Glycerini f $\frac{3}{4}$ ij.

He tried dissolving, and that failing, next triturated them in a mortar and attempted to dissolve by heat, but always got a precipitate. The editor remarks that it was no fault of the drug clerk's he escaped alive, and that the prescription should have been refused.

Army, Navy & Marine Hospital Service.

Official List of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the four weeks ended May 11, 1889.

PURVIANCE, GEORGE, Surgeon. Detailed as chairman of Board for the physical examination of candidates for appointment as cadets, Revenue Marine Service, May 3, 1889. Detailed as chairman of Board for the physical examination of officers, Revenue Marine Service, May 11, 1889.

IRWIN, FAIRFAX, Surgeon. To proceed to Bath, Wiscasset, Rockland, Belfast, Bangor, Ellsworth, Machias, and Eastport, Maine, as Inspector, April 22, 1889.

MEAD, F. W., Passed Assistant Surgeon. Detailed as recorder of Board for the physical examination of candidates for appointment as cadets, Revenue Marine Service. May 3, 1889. Detailed as recorder of Board for the physical examination of officers, Revenue Marine Service, May 11, 1889.

WHEELER, W. A., Passed Assistant-Surgeon. Granted leave of absence for thirty days, April 16, 1889.

BRATTON, W. D., Passed Assistant-Surgeon. Relived from duty at San Francisco, Cal., to assume charge of the Service at Portland, Oregon, May 8, 1889.

MAGRUDER, G. M., Assistant-Surgeon. To proceed to Baltimore, Md., for duty, May 8, 1889.

PERRY, T. B., Assistant-Surgeon. When relieved at Portland, Oreg., to proceed to San Francisco, Cal., and await orders, May 8, 1889.

CONDICT, A. W., Assistant-Surgeon. When relieved from duty at Boston, Mass., to await orders, May 8, 1889.

To report to the Commanding officer, Revenue Steamer "Rush" for special duty May 11, 1889.

HUSSEY, S. H., Assistant-Surgeon. When relieved from duty at Baltimore, Md., to proceed to Boston, Mass., for duty May 8, 1889.

GEDDINGS, H. D., Assistant-Surgeon. To proceed to Baltimore, Md., for temporary duty, May 8, 1889.

Changes in the Medical Corps of the U. S. Navy for the week ending May 11, 1889.

BEARDSLEY, GROVE S., Medical Inspector. Detached from the "Brooklyn," proceed home and wait orders.

LOVERING, P. A., Passed Assistant-Surgeon. Detached from the "Brooklyn," proceed home and wait orders.

NORTON, OLIVER D., Assistant-Surgeon. Detached from the "Brooklyn," proceed home and wait orders.

HAWKE, J. H., Surgeon. Detached from the "Essex," proceed home and wait orders.

STOKES, C. F., Assistant-Surgeon. Detached from the "Minnesota," and to the "Iroquois."

BRANSFORD, JOHN F., Surgeon. Orders to the "Iroquois" revoked. Resignation accepted to take effect May 4, 1890, with leave of absence granted to that date, with permission to leave the United States.

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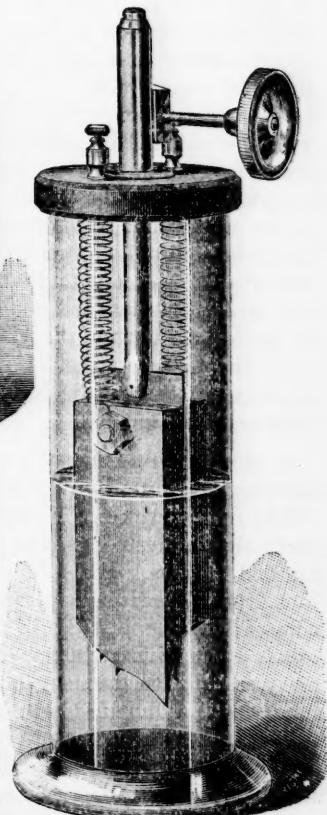


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Notes and Items.

THE GUIDE SLIPPED.—The other day a teacher in one of our medical colleges was criticizing rather severely the Latin of a student whom he had at the board writing a prescription. When the student reached the final word, "glycerin," he paused over the genitive, whereupon the professor called out, with some sharpness and great confidence, "æ."

SPOONS-FUL OR SPOON-FULS.—We remember of seeing, a year or two ago, in one of the many books on etiquette, which, by the way, are supposed to arm one against every possible that may arise between the cradle and the grave, this caution: "Never say 'spoonful'; there is no such word." Not long afterward we heard a teacher who prides himself on his English, tell his class that he could not understand how any one of the least education could say "spoonfuls. This is a much mooted question.

But as for ourself, no one has ever yet demonstrated why this word should not be treated in the same manner as are ten thousand other compound words. Since it is composed of "spoon" and "full," with the terminal "l" dropped, why should its plural not be made in harmony with that of the rest of the English words—by the addition of "s" at its end?

DR. ENFIELD believes that injustice is done to our native mineral waters by the preference shown their imported rivals. There are some things necessary besides the possession of remedial qualities to make a mineral water valuable. The true uses of the water must be ascertained, and its limitations defined, so that physicians may prescribe it with the same certainty as calomel or quinine. These facts must be stated upon authority less interested than that of the proprietors, and must further be placed in the hands of the profession. This would be a real service to the profession, who, other things being equal, would rather send patients to Bedford than to Carlsbad. But medical matters are not carried on from motives of patriotism, but for the good of the patient; and until the proprietors of springs learn to put their claims upon a scientific basis, physicians will prefer more certain remedies.

A MODERN FAKIR.—We were amused one day at hearing the volubility of a number of the fakirs who follow in the wake of Forepaugh's circus. One in particular interested us, and we noticed that he had marked success. His talk was as constant as the flow from Niagara; no period, colon, semicolon, or comma: "Yesterday I sold this almost priceless object to-day I am giving them away simply giving them away as an advertisement for the ridiculous sum of ten cents or a dime to-morrow I may be selling them again thank you sir it magnifies as well as any three dollar microscope and you are getting it for the paltry sum of ten cents it is recommended by all the most celebrated lawyers doctors ministers and scientific men as the most wonderful invention of the age and the gentlemen here takes one why it is worth one dollar alone to examine a drop of water before you

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drink it and you will plainly see the seven kinds of insects in each drop ants grasshoppers crickets bees flies beetles and centipedes look at them and then drink your water and the gentleman here takes one thank you and you'll thank me before the day is over and the little boy takes one ten cents or a dime its worth more than that to see the skin on your hand thank you sir," etc.

THE crying evil of the day is the lack of sufficient medical journals. Physicians everywhere are asking why some public spirited citizens do not supply them with literature; while the advertisers are hampered by the difficulty of finding channels into which to discharge their overflowing purses. These considerations doubtless have determined the appearance of the *Kansas Medical Journal*, published at Topeka, and edited by Drs. Schenck, Minney and Stewart. It is a monthly, of thirty-two pages, at \$2 per annum; and if the subsequent issues are as good as the first, it is well worth the money. Kansas is a great State, a rich State, peopled by an intelligent class of people, coming, as they do, mainly from Pennsylvania. The Kansas physicians are quite competent to support a medical journal which will be a credit to them and of value to the profession. Every physician in the State should subscribe for it and contribute to its pages. We will enter the new journal on our exchange list, and hope to see evidences of its success. The function of a local journal is to chronicle local happenings, and record the experiences of local practitioners. The editors ought to comprehend that this constitutes the vitality of their publication, and leave the task of abstracting to the strictly news journals, the weeklies.

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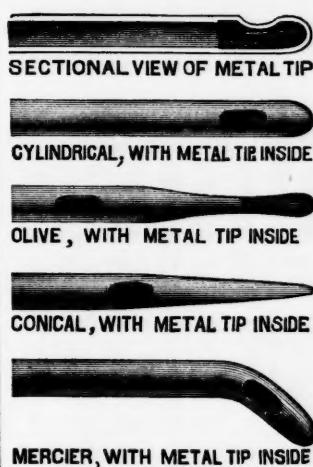
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THE dinner to Dr. Trail Green has been postponed until June 20, when it will be given at the Paxinosa Inn, at Easton Pa.

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It deserves to stand in the front rank of constructives; and the constructives, by their preventive, corrective, and curative power, are probably the most widely useful therapeutical agents that we possess.

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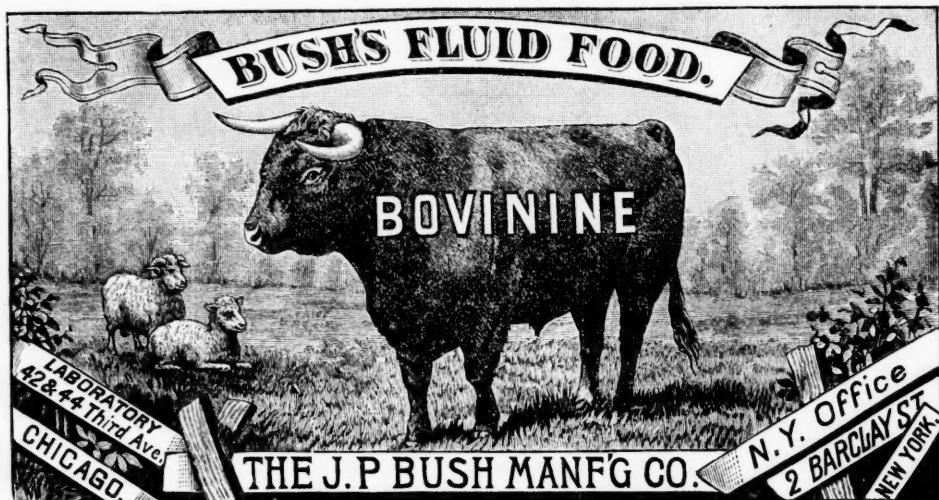
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BY B. N. TOWLE, M.D., OF BOSTON.

"Nervous debility and neuralgia are often the results of nerve starvation. They are now, more than ever, the dread of every intelligent physician, and the terror of all business men. The weary hours of pain, and the sleepless nights of those suffering from nervous diseases, are but the beseechings of an exhausted nerve for food. Hungry and starved, they make their wants known by the pain they set up as their only agonizing cry; and no medication will give permanent relief until the hunger is satisfied.

Our research, then, must be to find a more easily digested and assimilated food.

Observation seems to sanction the fact that vegetable food elements are more readily assimilated by persons of feeble digestion than are the animal food elements, and especially when they have undergone the digestive process in the stomachs of healthy cattle. The juices of these animals, when healthy and fat, *must* contain all the food elements in a state of solution most perfect, and freed from all insoluble portions, and hence in a form more easily assimilated than any other known food.

I have used Raw Food Extracts for more than eight years, in a large number and variety of cases, and in no case of malnutrition has it failed to give relief.

I have given it to patients continuously for months, with signal benefit, especially in complicated cases of dyspepsia, attended with epigastric uneasiness arising from inervation, and in nervous debility of long standing. The sudden and full relief this food affords patients who have a constant faintness at the stomach, even immediately after taking food, shows how readily it is assimilated. This faintness is a form of hunger, and is the cry of the tissues for food, not quantity but quality—a food that the famishing tissues can appropriate and thrive upon.

Raw Food is equally adapted to lingering acute diseases. I have used it in the troublesome sequelæ of scarlatina, where there was exhaustion from abscesses in the vicinity of the carotid and submaxillary glands; and in protracted convalescence from typhoid fever, with marked advantage. The cases that I especially value it in are laryngeal consumption and nervous exhaustion, in which cases there is always more or less derangement of the digestive tract, such as pain in the stomach, constipation, eructation of gases, distress after taking food, etc. Raw Food should be taken with each meal, the patients taking such other food as they can readily digest, in quantities suited to the individual case.

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The Lactophosphates, prepared from the formula of Prof. Dusart, of the University of Paris, combines with a superior Pemartin Sherry Wine and Aromatics in an agreeable cordial, easily assimilable and acceptable to the most irritable stomachs.

Medium medicinal doses of Phosphorus, the oxidizing element of the Nerve Centres for the Generation of Nerve Force; Lime Phosphate, an agent of Cell Development and Nutrition; Soda Phosphate, an excitant of functional activity of Liver and Pancreas, and Corrective of Acid Fermentation in the Alimentary Canal; Iron, the Oxidizing Constituent of the Blood for the generation of Heat and Motion; Phosphoric Acid, Tonic in Sexual Debility; Alkaloids of Calisaya, Anti-Malarial and Febrifuge; Extract of Wild Cherry, uniting with tonic power the property of calming Irritation and diminishing Nervous Excitement.

The Superiority of the Elixir consists in uniting with the Phosphates the special properties of the Cinchona and Prunus, of subduing fever and allaying Irritation of the Mucous Membrane of the Alimentary Canal, which adapts it to the successful treatment of Stomach Derangements and all diseases of faulty nutrition, the outcome of Indigestion, Malassimilation of Food, and failure of supply of these essential elements of Nerve Force and Tissue Repair.

The special indication of this combination of Phosphates in Spinal Affections, Caries, Necrosis, Ununited Fractures, Marasmus, Poorly Developed Children, Retarded Dentition, Alcohol, Opium and Tobacco Habits, Gestation and Lactation, to promote Development, etc., and as a physiological restorative in Sexual Debility, and all used-up conditions of the Nervous System, should receive the careful attention of good therapeutists.

There is no strychnine in this preparation, but, when indicated, the Liquor Strychniae of the U. S. Dispensatory may be added, each fluid-drachm of the solution to a pound bottle of the Elixir, making the 6th of a grain to a half fluidounce, an ordinary dose, a combination of a wide range of usefulness.

DOSE.—For an adult, one tablespoonful three times a day, after eating; from seven to twelve years of age, one dessertspoonful; from two to seven, one teaspoonful; for infants, from five to twenty drops, according to age.

Prepared at the Chemical Laboratory of T. B. Wheeler, M.D., Montreal, D.C. Put up in pound bottles and sold by all Druggists at One Dollar.

Plain Talks to Physicians.

NEWER THERAPEUTICS OF PEPSIN.

The utility of a remedy depends largely upon its genuineness, its purity, and its preparation in that form which is best adapted to meet the particular conditions or indications for its use.

Modern pharmacy has achieved most important and useful results in the direction of improving the quality of remedies, of rendering them easier of administration and absorption, and better adapted for the purposes for which they are required. By this means, also, the range of therapeutic application of many remedies has been extended.

Not the least striking of the results recently attained has been the improvements made in the quality of the digestive ferments, and in the growth of knowledge concerning their action and application. With this increased comprehension of ferments has naturally come an extension of their application.

This is conspicuously illustrated by pepsin, which has been prescribed for many years with little knowledge concerning its digestive activity or incompatibilities, and the dose required; but rather as an aid to digestion in all cases of indigestion indiscriminately.

Recent researches carried on in our laboratory have enabled us to produce a pepsin which is superior in every quality that goes to make up a pure active pepsin to any other hitherto made. This has been demonstrated over and over again. We need only mention here in confirmation of this claim the results obtained by a recent elaborate study of pepsins of various manufacture made by R. H. Chittenden, Ph. D., Professor of Physiological Chemistry in Yale University, who thus sums up the results of his investigations in a paper read before a section of the New York Academy of Medicine:

"As a final result, then, we may consider the true proteolytic power of the following pepsins compared with the one of highest digestive power to be as follows:

Relative Proteolytic Action.	
1 Parke, Davis & Co.'s Pepsinum	Purum in Lamellis.. 100
2 Fairchild's Pepsin in Scale.	52
3 Scheffer's dry Pepsin, concentrated....	48
4 Jensen's Crystal Pepsin.....	35
5 Ford's Pepsin in Scales.....	32
6 North's Pure Pepsin.....	16
7 Boudault's Pepsin.....	14
8 Royal Chem. Co.'s Pure Pepsin.....	9

"As to the actual strength of these preparations, 1 milligram of the strongest pepsin converted into

soluble products 198 milligrams of the pure dry albumen, which would be practically equal to 2000 parts of fluid egg-albumen."

While the use of pepsin was for a time confined chiefly to internal administration, it has been gradually extended to the digestion of visible false membrane and abnormal tissue growths. Thus many physicians have used it with some degree of success in digesting the false membrane of diphtheria and membranous croup. This use of pepsin is likely to become much more universal and efficient with the greatly augmented digestive power now possessed by the latest improved pepsin.

In an article entitled "Pepsin in Surgery," by H. B. Douglass, M. D., New York *Medical Record*, Dec. 22d, 1888, the use of pepsin in scales, and as an ointment with lanolin as a base in ulcers was strongly advocated, and several cases illustrating its value in surgical cases cited. Dr. Douglass says: "In all ulcerations covered with a slough, or having a membranous base, pepsin is of use to digest this slough and bring about a healthy condition. In cicatrical tissue causing ankylosis, pepsin is of use by dissolving the cellular element. In this condition pepsin may act similarly to mercury and the iodides, or as a digestive.

In operations for increasing the size of the meatus urinarius in which the parts divided tend again to unite, the membrane thus formed may be digested away and the calibre kept intact by the digestive power of pepsin.

We believe the role of pepsin as a solvent of false membranes will not be its least important one in the future, and would respectfully request reports from physicians who employ it for this purpose, that we may give the facts wide publication to the profession.

To those who wish to learn more of the action and proper method of administration, and incompatibilities of pepsin, and of the interesting history of the researches that have resulted in the superior quality of pepsin now at the disposal of the physician, we shall be pleased to send on request reprints of articles by R. H. Chittenden, Ph. D., John R. Winslow, M. D., H. B. Douglass, M. D., J. Le Roy Webber, Ph. G., F. A. Thompson, Ph. C., and others; and a sample of Pepsinum Purum in Lamellis for trial.

PARKE, DAVIS & CO.,

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